UNIVERSITY OF CALIFORNIA, SANTA BARBARA

BERKELEY DAVIS IRVINE LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

Office of International Students & Scholars Santa Barbara, California 93106-7150 Program Number: P-1-03332



SANTA BARBARA SANTA CRUZ

Telephone: E-mail: Website:

(805) 893-2929 Fax: (805) 893-7132 oiss@sa.ucsb.edu http://www.oiss.ucsb.edu

Transfer OUT Form for J-1 Students

SECTION 1: TO BE COMPLETED BY J-1 Student

• Please complete the section below and submit the form to the International Students and Scholars Office of the School/Institute you will be transferring to.

Last (Family Name):	First:	Middle:
SEVIS ID Number: N		Date of Birth:
Email Address:		Phone Number:
Current J-1 Program Dates on DS-2019:	Start Date	_ to <i>End Date</i>
Any J-2 Dependents? :Y / N		Date to be released in SEVIS:
Reason for Transfer:		
Signature:		Date:

SECTION 2: TO BE COMPLETED BY RESPONSIBLE SCHOOL OFFICER OF TRANSFER - TO SCHOOL

The J1- Student listed above has expressed his/her intent to transfer from The University of California, Santa Barbara,
Program Number: P-1-03332. Please complete the form below and submit to OISS by fax (805) 893-7132. If you have any question or concerns, please contact Ambi Harsha, Immigration Analyst at (805) 893-2211 or e-mail: harsha-a@sa.ucsb.edu

I confirm that the following J-1 Student will be transferred	l to
6	Name of School/ Institute
in SEVIS effective on: <i>Date</i>	Program Number:
Name and Title of J-1 Responsible Officer:	
Email Address:	Phone Number:
Signature of J-1 Responsible Officer:	Date:
FOR OISS USE:	Date Released in SEVIS:
Name of Processor Signature	Date

J:\ Front Counter Forms $\ J-1$ Students Transfer OUT Form