



Transfer out Request Form (J SCHOLAR/PROFESSOR)

This form is to be completed by J exchange visitor (scholar/professor) who is requesting transferring out of Southern Methodist University into another education institution/program WITHIN the United States.

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	Email Address and Phone Number
SEVIS Release Date	Current DS-2019 End Date
Transferring-In School's Name	Transferring-In School's Program Number: P-__-_____

Has any of your personal information changed (U.S. address, phone number, etc.)? Yes No
If so, please update your information in Access immediately.

Are you currently in status?	YES	NO
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Please inform the following departments regarding your transferring out request:

- Department (must have their approval)
- Human Resources
- SMU Benefits
- Payroll

TO BE COMPLETED BY CURRENT SUPERVISOR

LAST/FIRST NAME	EMAIL ADDRESS
PHONE NUMBER	SIGNATURE/TODAY'S DATE

TO BE COMPLETED BY CURRENT DEPARTMENT CHAIR

LAST/FIRST NAME	EMAIL ADDRESS
PHONE NUMBER	SIGNATURE/TODAY'S DATE

By signing below, I affirm that I understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Print Name: _____ Signature: _____ Today's Date: _____

International Services Specialist:	Signature	Date
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