



J-1 TRANSFER OUT NOTIFICATION FORM

INSTRUCTIONS: Section A is to be completed by the J-1 Scholar who is seeking to Transfer OUT of Cedars-Sinai Medical Center and to another institution. Section B must be completed by the current supervisor (PI) at CSMC. Section C must be completed by the International Scholar Advisor at the new institution and then returned to CSMC Academic Human Resources- Visa & International Services Administration (VISA) for review and approval.

SECTION A: TO BE COMPLETED BY THE TRANSFERRING J-1 SCHOLAR

1. Last Name:	First Name:	Middle Name:
2. E-mail:		3. Date of Birth (mm/dd/yy):
4. Last Day at CSMC:	5. SEVIS ID Number:	6. DS-2019 End Date:

J-1 SCHOLAR SIGNATURE SIGN HERE	DATE

SECTION B: TO BE COMPLETED BY CURRENT CSMC SPONSORING HOST

This confirms that the department agrees with the transfer of the above named scholar from Cedars-Sinai Medical Center and the position, which the scholar has been offered, is consistent with his or her original objective.

7. Department Name:	8. Employment/Program End Date: (The scholar may no longer be employed at CSMC after this date):
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SPONSORING HOST SIGNATURE SIGN HERE	PRINTED NAME & TITLE	DATE

SECTION C: TO BE COMPLETED BY PROSPECTIVE INTERNATIONAL SCHOLAR ADVISOR AT NEW INSTITUTION

Please complete and fax/email to CSMC Academic Human Resources-VISA office. This certifies that the above named J-1 scholar has been offered a position with your institution/organization and requesting that his/her J-1 record to be released in SEVIS as indicated below. *Note: An e-mail confirmation will be sent to the ARO/RO once the record has been released by CSMC.

9. Transfer Effective Date:		
10. Name of Institution/Organization:	11. E.V. Program Number:	
12. ARO/RO Name:	13. Phone Number:	14. E-Mail:
ARO/RO SIGNATURE SIGN HERE	TITLE	DATE