

Visiting Scholar Transfer Out Request Form

Visiting scholars who wish to transfer their program from Missouri University of Science and Technology to another U.S. institution must complete this form and submit it to the Office of International and Cultural Affairs in 103 Norwood Hall.

Part 1: TO BE COMPLETED BY Visiting Scholar:

Family Name: _____ First Name: _____

Student ID: _____

Program Category, i.e. Research Scholar, Short-term Scholar: _____

Begin date of Current DS-2019: _____ End Date of Current DS-2019: _____

University or Institution to which exchange visitor is transferring: _____

Transfer Out Date: _____

Part 2: TO BE COMPLETED BY Visiting Scholar's New Program Sponsor:

Please describe the visiting scholar's program activities in your university or institution.

Program Category, i.e. Research Scholar, Short-term Scholar: _____

Name: _____

Title: _____

Signature: _____

New University or Institution SEVIS Exchange Visitor Code: _____

Date: _____

SIGNATURES: THE SIGNATURES BELOW ARE TO PROVIDE NOTICE TO THE UNDERSIGNED OF THE SCHOLAR'S OR OTHER EXCHANGE VISITOR'S INTENT TO TRANSFER TO ANOTHER PROGRAM SPONSOR

Printed Name of Academic Advisor: _____

Signature of Academic Advisor: _____ Date: _____

Printed Name of Department Chair: _____

Signature of Department Chair: _____ Date: _____