



Office of International Programs
 Montana State University-Bozeman
 400 Culbertson Hall
 P.O. Box 172260
 Bozeman, MT USA 59717-2260
 Email: international@montana.edu

J-1 Student Transfer IN Form

Complete form to transfer sponsorship as a J-1 student to Montana State University.

Instructions

1. Receive admissions to Montana State University (*Do NOT submit this form until you have been admitted to Montana State University*)
2. Notify current institution on intent to transfer
3. Student-Complete Section I of this form
4. MSU Sponsoring Department-Complete Section II of this form
5. Current RO/ARO-Complete Section III of this form
6. Send this form to Montana State University after determining SEVIS record release date
7. Receive DS-2019 From Montana State University

SECTION I: Student Information *(To be completed by student)*

Last Name:	First Name:	Middle Name:
Email:	Phone Number:	Date of Birth:
Country of Citizenship:	SEVIS ID Number:	
U.S. Address:		
<i>By signing below, I give permission to the U.S. institution listed in Section II to release all necessary information to complete my transfer to Montana State University.</i>		
Signature:		Date:

SECTION II: New Institution Information *(To be completed by MSU sponsoring department)*

Student/Scholar Start Date:	
Department:	Administrator Preparing Form:
Phone Number:	Date:



Office of International Programs
Montana State University-Bozeman
 400 Culbertson Hall
 P.O. Box 172260
 Bozeman, MT USA 59717-2260
 Email: international@montana.edu

Faculty Sponsor's Name:	Faculty Sponsor's Signature:
-------------------------	------------------------------

SECTION III: Previous Institution Information *(Completed by current exchange visitor program RO/ARO)*

SEVIS RELEASE DATE:	Please release to: Montana State University – Bozeman (P-1-00286)	
Has student acted in accordance with USCIS regulations?:	YES	NO
Has student met financial obligations?:	YES	NO
Has student been granted Academic Training?:	YES	NO
Subject Field Code on DS-2019:	Current Exchange Visitor Code:	
U.S. institution:	Name, Title of DSO:	
Phone Number:	Email:	
Signature:		Date: