



UNIVERSITY OF LOUISIANA AT LAFAYETTE
EXCHANGE VISITOR TRANSFER FORM

To be Completed by the Exchange Visitor:

Please read this form carefully and sign it in the space provided. Present this form to the Responsible Officer at your current institution. This form must be received before the transfer DS-2019 can be issued.

I, _____, grant permission for the information requested below to be forwarded to the
(Print name)
University of Louisiana at Lafayette.

Signature: _____ Date of Birth: _____
(MM/DD/YY)

Address in Your Home Country: _____

Current Mailing Address: _____

Telephone: _____ E-mail: _____

Please Note: If you are traveling outside the U.S. prior to enrolling at UL Lafayette, you will need the new DS-2019 to re-enter the U.S.

- _____ Please send the DS-2019 to my current mailing address.
- _____ I will obtain the DS-2019 during registration as I will be staying in the U.S.

To be Completed by the Responsible Officer:

The student named above is applying for transfer to the University of Louisiana at Lafayette (J-1 Program School Code **P-1-04039**).

1. Is this exchange visitor in lawful immigration status? Yes _____ No _____
2. Has this exchange visitor met all financial obligations to your school? Yes _____ No _____
3. DS-2019 transfer release date _____
5. DS-2019 number: _____
4. This individual has been maintaining his/her J-1 immigration status from _____ to _____ (dates).
5. This exchange visitor has participated in J-1 Academic Training:

List all dates and whether full time or part time, if known.

RO/ARO Name _____ Date _____

Signature _____ Telephone _____

School Code _____ Fax _____

E-mail _____

Comments: _____

Please return this form with a copy of exchange visitor's DS-2019 to:

Rose Honegger, RO
Office of International Affairs
University of Louisiana at Lafayette
P.O. Box 43932
Lafayette, LA 70504
Phone: (337) 482-6819