J-1 TRANSFER OUT REQUEST FORM

Transfer request from the University of Louisville to another Institution under my current J1 Exchange Visitor Program:
This form should be completed by a J-1 research scholar or student wishing to transfer program sponsorship from the University of Louisville to another SEVIS approved J1 sponsor. Transfers should be requested 30 days before the effective date of transfer and no later than one week prior to end date of the current DS-2019.
Please note that the scholar is not required to obtain approval from the supervisor to be able to transfer within or outside of the University. However, the scholar should notify the supervisor and department in writing of their intent to transfer and provide their intended last day in the department.

J-1 Participant's Name: _____UofL ID#_____

Current Local Address: _____

Current Telephone Number: (_____) _____ E-Mail Address: _____

Please provide any names of J-2 dependents that are accompanying you in the U.S.:

_____

_____

I request a SEVIS electronic transfer of my J1 Exchange Visitor Program to:

Name of Institution/Program Sponsor: _____

Address: _____ Telephone Number :(_____) _____

Program Number: _____ Effective Date of Transfer: _____

Field of Research/Teaching/Activity at New Institution: _____

Name of New Institution's J-1 Officer: _____

Email Address: _____

- The new institution's J-1 Officer must email Barbara Jones at barbara.jones@louisville.edu to request the transfer, verify the effective transfer in date and that your objective/activity will remain the same.

I understand that I must report to the J-1 Responsible Officer/Alternate Responsible Officer with the new program sponsor within 10 days after arriving at the new location. If I do not report within 10 days, I understand that my SEVIS record will be terminated, and I may be out of status. I also understand that this transfer CANNOT be cancelled after the release date has been reached.

_____
Signature of the Exchange Visitor Print Name Date

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To be signed by the research scholar's supervisor to indicate they are aware of the scholar's transfer.

I am aware that this research scholar will be transferring as indicated above. This Exchange Visitor's last day at the University of Louisville will be_____.

_____
Signature of Supervisor Print Name Date

_____
E-Mail Address Phone Number

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Office Use-Transfer Approved and Processed in SEVIS

This transfer has been entered into the SEVIS database with an effective date: _____

_____
Signature of RO/ARO Print Name Date