J-1 TRANSFER IN REQUEST FORM

Transfer request to the University of Louisville from another Institution: This form should be completed by a J-1 research scholar or student wishing to transfer in to the University of Louisville from another SEVIS approved J-1 sponsor. To initiate a transfer of the Exchange Visitor's record to the University of Louisville, please have the Responsible Officer (RO) or an Alternate Responsible Officer (ARO) at your current institution use **SEVIS Program ID P-1-00478**. 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 to the University. However, the scholar should notify the current supervisor and department in writing of their intent to transfer and provide their intended last day in the department.

J-1 Participant's Name: _____

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.:

_____

Confirmation of SEVIS electronic transfer of J-1 Exchange Visitor Program to the University of Louisville:

Name of Current Institution/Program Sponsor: _____

Address: _____ Telephone Number :(_____) _____

Program Number: _____Effective Date of Transfer: _____ SEVIS ID#_____

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

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

Email Address: _____

- The current institution's J-1 Officer must email isss@lousiville.edu to confirm the transfer, verify the effective transfer out 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 for the new program sponsor at the University of Louisville within 10 days after arriving at the new location. If I do not report within 10 days, I understand that my SEVIS record may 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 an International Student Advisor at the current institution to indicate they are aware of the Exchange Visitor's transfer.**

I am aware that this Exchange Visitor will be transferring as indicated above and remains in good standing at the current institution.

_____

Signature of RO/ARO Print Name Date

_____

E-Mail Address Phone Number

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Office Use-Transfer Approved and Processed in SEVIS

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

_____

Signature of RO/ARO Print Name Date