

## J-1 Exchange Visitor Transfer-Out Request Form

Revised 10/20

### To be completed by the J-1 Exchange Visitor:

Today's Date: \_\_\_\_\_ Campus: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ US Phone #: \_\_\_\_\_

SEVIS ID: N00 \_\_\_\_\_ Email Address: \_\_\_\_\_

Local US Address: \_\_\_\_\_

J-1 Category:  Research Scholar/Post Doc  Professor  Short-Term Scholar  Non-Degree  
 Student

### Information about the educational institution to which you are transferring:

Institution Name: \_\_\_\_\_ Name of RO/ARO: \_\_\_\_\_

Phone # of RO/ARO: \_\_\_\_\_ Email of RO/ARO: \_\_\_\_\_

SEVIS Program #: \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

Exchange Visitor's Signature

Date

### To be completed by the J-1 Exchange Visitor's PI / Supervisor:

- The exchange visitor mentioned above has fulfilled their appointment at FLORIDA A&M UNIVERSITY from the start date (indicated on their DS-2019) to the present time. I am aware of their request to transfer, and I support the transfer.
- I have reviewed the exchange visitor's new invitation letter and current FLORIDA A&M UNIVERSITY-issued DS-2019 to ensure that the transfer is a continuation of their initial objective at FLORIDA A&M UNIVERSITY. I verify that there will be no change to the category and subject/field code (area of focus) indicated on the exchange visitor's DS-2019.
- I understand that the exchange visitor is not eligible to continue his/her appointment and/or receive any funds from FLORIDA A&M UNIVERSITY once the J-1 record is transferred to another institution.

### Department Information:

Department Contact Name	Department	Email Address	Phone

### Approval Signature:

Name of PI / Supervisor	Signature	Date