



*Office of International Services
2500 N. State St.
Jackson, MS 39216
Phone: (601) 984-1125/35
Fax: (601) 984-1376
E-mail: international@umc.edu*

J-1 EXCHANGE VISITOR TRANSFER-IN REQUEST

This form should be used when an exchange visitor who is currently participating in a J-1 program at another institution wants to transfer his/her program to the University of Mississippi Medical Center.

Information Provided by the Exchange Visitor

Full Name: _____ Date of Birth: _____
E-mail Address: _____ Phone #: _____
Sponsoring Department: _____ Faculty Sponsor: _____
Proposed Dates of J-1 Program: From: _____ To: _____

I request that my J-1 exchange visitor program be transferred to the University of Mississippi Medical Center, **Program Number P-1-05562**, and agree to report to UMMC's Responsible Officer, within three (3) days of the date that I arrive on campus.

Signature: _____ Date: _____

Information Provided by International Scholar Advisor at Current Sponsoring Institution

Current Sponsoring Institution: _____
Responsible Officer: _____ J-1 Program #: _____
Email Address: _____ Phone #: _____
Dates on most recent Form DS-2019: From: _____ To: _____
SEVIS ID #: _____ Subject/Field Code: _____
Description of Research: _____

Requested SEVIS release date: _____

I certify that to the best of my knowledge the J-1 Scholar has maintained lawful status and is eligible to transfer to another institution. I agree to release the J-1 Scholar's SEVIS record on the date requested above.

Signature of J-1 Responsible Officer: _____ Date: _____