

## J-1 EXCHANGE VISITOR TRANSFER-OUT REQUEST FORM

A J-1 research scholar who wants to transfer program sponsorship from the University of Mississippi Medical Center to another J-1 sponsor must complete this form. The scholar should make an appointment with the UMMC Office of International Services to discuss his/her eligibility for a transfer prior to completing the form. Transfers should be requested at least 30 days prior to the proposed effective date of transfer and no later than 14 working days before the ending date of the current Form DS-2019. A scholar must give sufficient notice to his/her current supervisor of the intent to transfer and the anticipated last day of work at the Medical Center.

**Name of J-1 Scholar:**

**Current Local Address:**

**Telephone Number:**

**Email Address:**

**Names of J-2 dependents who are with you in the United States:**

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I request a transfer of my program to:

**Name of Institution/Program Sponsor:**

**Name of J-1 Responsible Officer:**

**Program Number:**

**Effective Date of Transfer:**

**Field of Research at New Institution:**

Please arrange to discuss the proposed transfer with the new institution's J-1 Responsible/Alternate Responsible Officer. The officer must email the Office of International Services at [international@umc.edu](mailto:international@umc.edu) to request the transfer and verify that the program objective will remain the same.

**I understand that I must report to the J-1 Responsible Officer/ Alternate Responsible Officer at the new institution within ten (10) days after my arrival. If I fail to report within ten days, I understand that my SEVIS record may be terminated. I also understand that this transfer cannot be cancelled after the date of transfer has been reached.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Supervisor's confirmation regarding transfer:

**I am aware of and agree to the transfer requested by the J-1 scholar referenced above. The scholar's last date of employment at the University of Mississippi Medical Center will be \_\_\_\_\_.**  
(mm/dd/yyyy)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_