

TO BE COMPLETED BY
VISITING PROGRAM
PARTICIPANT

J-1 Exchange Visitor Transfer-Out Request

This form should be completed by a J-1 Exchange Visitor wishing to transfer program sponsorship from the National Institutes of Health (NIH) to another J-1 program sponsor in the United States. **This form should only be completed AFTER discussing your eligibility to transfer with DIS.**

Once you have been determined eligible for transfer, submit this form to DIS at least **(2) two weeks BEFORE** the desired date of transfer, and no later than the end date on the current Form DS-2019. In addition, please have your NIH lab/branch submit a **Termination Notice** showing your last day at NIH. You can find the Termination Notice at:

http://www.ors.od.nih.gov/pes/dis/AdministrativeStaff/Documents/NH829_5.PDF.

In addition, if you are transferring to a non-U.S. Government program, please inquire about the payment of the necessary I-901 SEVIS fee with the Responsible Officer/Alternate Responsible Officer of the new program sponsor.

I. TO BE COMPLETED BY THE EXCHANGE VISITOR

Exchange Visitor Name: _____

Current local address: _____

Current telephone: _____

E-mail: _____

Names of J-2 dependents in the U.S.: _____

I understand that I must report to the J-1 Responsible Officer/Alternate Responsible Officer of 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 that I will be in violation of my J-1 status.

Exchange Visitor Name: _____

Exchange Visitor Signature: _____

Date (Month/Day/Year): _____

DIS Use Only:

This transfer was entered into the SEVIS database on _____ to be effective on: _____

DIS RO/ARO Name: _____

RO/ARO Signature: _____

Date (Month/Day/Year): _____

II. TO BE COMPLETED BY THE TRANSFER-IN INSTITUTION

Institution/Program Sponsor Name: _____

SEVIS Program Number: _____

Desired Date of Transfer: _____

Field of research/activity at new institution: _____

RO/ARO Name: _____

RO/ARO Signature: _____

Date (Month/Day/Year): _____

III. TO BE COMPLETED BY THE CURRENT LAB/BRANCH SPONSOR

I have reviewed the transfer request. The research/activities at the new location are consistent with the Exchange Visitor's original goals and objectives. I do not object to the Exchange Visitor's request to transfer. A **Termination Notice** has been sent to DIS.

Lab Sponsor Name: _____

Lab Sponsor Signature: _____

Date (Month/Day/Year): _____