

Exchange Visitor Services Transfer-In Form

All J-1 Exchange Visitors transferring to UF from another Program Sponsor must complete this form.

Last Name	First Name	UFID
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UF Department/Center	UF Faculty Sponsor Name	Phone and Email
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PROCEDURES:

- Transfer-In form must be completely filled out with appropriate signatures
- UF host department must submit this form within the DS-2019 request through the UF International Student and Scholar software system

POLICIES:

- Exchange visitor **must** pursue same program objective
- Transfer will **not** require an extension of program status beyond any allowed maximum period.
- Exchange Visitor **must** complete check-in with EVS immediately following the SEVIS release date

CURRENT PROGRAM SPONSOR INFORMATION

Please note the information below must be completed by the International Office at the EV's current institution.

Name of Institution: _____ Program Number: _____

Exchange Visitor's SEVIS #: N _____

EV's Start Date and End Date on DS-2019: _____

CIP Code on current DS-2019: _____ Field of Study/Research: _____

J-1 Category: ___ Research Scholar ___ Short-Term Scholar ___ Professor ___ Other: _____

SEVIS Transfer Release Date: _____

Are there any dependents in the EV's SEVIS record? ___ Yes ___ No Number of Dependents: _____

Has the EV ever filed for a 212(e) waiver? ___ Yes ___ No Was the waiver granted? ___ Yes ___ No

School Branch Location Address: _____

Contact Person (of RO/ARO): _____

Phone: _____ Email: _____

RO/ARO Signature: _____ Date: _____

I, _____ hereby authorize my SEVIS record to be released to the University of Florida on the SEVIS transfer release date mentioned above.

Exchange Visitor's Signature: _____ Date: _____