**Transfer Verification Form**

International Scholars Operations

For J-1 Exchange Visitors transferring from the University of Washington to another institution

* **Complete items 1-9.**
* **Ask your UW Department Chair to complete item 10.**
* **Submit the completed form to Box 351245 prior to the requested transfer date.**
1. **Today’s date:** Click here to enter a date.
2. **Exchange Visitor’s name:** Enter family name and given name
3. **Email:** example@domain.ex **Phone number:** (206) 555-5555
4. **Final day at the University of Washington:** Click here to enter a date.
5. **Name of the institution transferring to:** Provide the full name of the institution.
6. **Phone number of the International Office at new institution:** (206) 555-5555
7. **First day at new institution:** Click here to enter a date.
8. **Academic department at new institution:** Provide the full name of the academic department.

9.I request the Responsible Officer of the University of Washington’s J-1 Exchange Visitor Program to release my SEVIS record so that I may transfer to the institution indicated above. I understand that the effective date of my transfer will be my final day at the University of Washington.

Signature of J-1 Exchange Visitor

10. I support the transfer of this J-1 Exchange Visitor to the institution indicated above. The scholar is in good standing and will remain engaged in research at the University of Washington until the date indicated in #4.

Signature of UW Department Chair