**J-1 Transfer Verification Form**

International Scholars Operations

*For J-1 exchange visitors transferring from the University of Washington to another program.*

* Complete items 1-10.
* Ask your UW Department Chair or School Director to complete item 11.
* Submit the completed form to ISO at [acadvisa@uw.edu](mailto:acadvisa@uw.edu) at least two weeks before the requested transfer date.

1. *Exchange Visitor’s Name:* Family name/surname, Given name/primary name
2. *Email:* address@domain.edu *Phone:* (555) 555-5555
3. *Final Day at the University of Washington:*MM/DD/YYYY
4. *Name of the New Institution:* Enter the official name
5. *Program Number of the New Institution:*P-X-XXXXX (if available)
6. *Phone Number of the International Office at New Institution:* (555) 555-5555
7. *Email address of Responsible Officer/Alternate Responsible Officer at New Institution:* address@domain.edu
8. *First day at New Institution (must be one day after #3):* MM/DD/YYYY
9. *Academic Department at New Institution:* Enter the official name
10. 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 at #3 above will be my final day at the University of Washington.

First and last name

*J-1 Exchange Visitor Signature Date*

1. 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 #3.

First and last name

*Chair/Director Signature Date*