J-1 Scholar Transfer Request

This form should be completed by a J-1 scholar wishing to transfer program sponsorship from University of Wisconsin - Milwaukee to another sponsor. Supervisor approval for the transfer must also be received. Transfer is a coordinated activity between UWM and the new host institution. As a result, a transfer should be requested at least 4 weeks before the new program start date. In most cases, a J-1 scholar may transfer if the purpose of the transfer is to complete the objective for which they were admitted to exchange visitor status and if the exchange visitor remains within the same participant category (ex. Research Scholar).

I. J-1 Scholar/Exchange Visitor Transfer Request

I request that my program sponsorship be transferred to __________________________________________ Name of New Sponsor

(Program #: ______________________) effective as of __________________________________________ SEVIS Release Date

Field of research /teaching/activity at new institution: (Attach offer letter) ____________________________

I understand that I cannot continue my J-1 program at UWM after the SEVIS Release Date, and that it is not possible to cancel a transfer-out once it is executed. I understand that I must maintain DOS-mandated health insurance for myself and any J-2 dependents throughout my entire J-1 program, including during a transfer.

Name: ____________________________________ Last Name First Name Middle Name

SEVIS ID: ________________________________ Date of Birth: ________________________________ MM/DD/YYYY

Signature of Exchange Visitor: ___________________________ Date: ___________________________ MM/DD/YYYY

II. UWM Sponsoring Department Confirmation

I have reviewed the information above and request that the J-1 Scholar/Exchange Visitor be released to the new exchange program sponsor listed above. I understand that they cannot continue the current program at UWM after the SEVIS Release Date, and that it is not possible to cancel a transfer-out once it is executed.

Name of Supervisor: ________________________________ Title: ________________________________

Signature: ______________________________________ Date: ________________________________

Upon completion, please forward this form to Brooke Thomas at bathomas@uwm.edu.