

University of Connecticut
Department of International Services and Programs (DISP)

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Request to Transfer out from University of Connecticut
J Exchange Visitor Program

To: _____ Date: _____
Exchange Visitor Program Sponsor Fax Number: _____

From: _____
J Responsible/Alternate Officer at UConn
Program Number: P-1-00710

This J-1 Exchange Visitor plans to transfer from the University of Connecticut to your University. Please provide the information below so that we can process a transfer out electronically in SEVIS. If you agree with the transfer, please fax a copy of this completed form to: (860) 486-5800.

SECTION I- To be completed by the Exchange Visitor:

Name of Exchange Visitor: _____
(Last Name) (First Name)

Date of Birth: _____ SEVIS ID number: _____
(month/day/year)

I request that my program sponsorship be transferred from the University of Connecticut to: _____ Effective day of release: _____
(month/day/year)

Signature of Exchange Visitor: _____ Date _____

SECTION II- To be completed by Responsible/Alternate Officer at the new University:

Program Number: _____ Transfer Release Date: _____

Print name: _____ Telephone Number: _____

Signature of Responsible/Alternate Officer: _____

Name of your University: _____ Email address: _____

SECTION III- To be completed by the Responsible/Alternate Officer at the University of Connecticut:

I approve the transfer of this J-1 Exchange Visitor: _____ YES _____ NO

Date: _____