

J-1 Transfer Form

Complete the below information and return to the ISO with required signatures at least 30 days prior to the requested transfer-out date.

A. J-1 Exchange Visitor Information

(to be completed by the J-1 Exchange Visitor)

First/Given Name	Last/Family Name
SEVIS Number N _____	Email Address
Do you have J-2 dependents? If yes, please complete the information below. <input type="checkbox"/> Yes <input type="checkbox"/> No	
J-2 Full Name	SEVIS Number N _____
J-2 Full Name	SEVIS Number N _____

If you are **transferring out** to a different institution, you must provide your offer/admission letter from the receiving institution. Conditional acceptance is not eligible for transfer out. **Complete sections A, B, C.**

B. Transfer Out Institution Information – ONLY if you are transferring out FROM GW

(to be completed by an A/RO at your new institution/sponsor)

Exact name of new institution/sponsor	
Exact name of specific campus <i>(if applicable)</i>	
Institution/sponsor SEVIS Program Number	SEVIS Release Date
Full name	Title
Email Address	Phone Number
Signature	Date

C. Transfer Out Certification – ONLY if you are transferring out FROM GW

(to be completed by the J-1 Exchange Visitor)

*I certify that I am certain of my decision to transfer my SEVIS record out from The George Washington University. I understand that if I decided NOT to transfer after the **SEVIS release date** listed above has passed, that I will no longer be in valid J-1 visa status. Failure to withdraw my transfer request prior to that date will result in loss of all J-1 benefits and I understand that I may need to apply for reinstatement of my J-1 status in that situation.*

Full Name <i>(print)</i>	
Signature	Date

If you are **transferring in** to GW, you must provide a copy of the GW offer/admission letter, all DS-2019s, passport and visas (plus dependents DS-2019s, passports and visas). **Complete sections A, D, E.**

D. Transfer In to GW – J-1 Program Information		
<i>(to be completed by an A/RO at your current institution/sponsor)</i>		
Exact name of current institution/sponsor		
Exact name of specific campus <i>(if applicable)</i>		
Current J-1 category	Current CIP code	Current J-1 program dates
Current description of duties/program		
Proposed J-1 category	Proposed CIP code	
Proposed description of duties/program		
Does the 212(e) apply to this exchange visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, has a waiver been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of 212(e) waiver application submission (mm/dd/yyyy):		
Is this exchange visitor in good standing with your institution? If no, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		

E. Transfer In to GW – A/RO Information	
<i>(for the A/RO who completed the above information)</i>	
Full Name	Title
Email Address	Phone Number
Signature	Date
If appropriate documentation has been provided to your institution to complete the transfer request to The George Washington University, please schedule the transfer for The George Washington University - Foggy Bottom Campus and indicate the anticipated SEVIS Release Date:	

If you have questions regarding this form, please contact Annie Hill or Ashley Koerner at iso@gwu.edu.