

**J-1 Exchange Visitor/Research Scholar SEVIS Transfer-In Form**

**PLEASE ALLOW AT LEAST ONE WEEK FOR PROCESSING**

Please use the updated version of this form available at <http://international.utsa.edu>.

**Exchange Visitor:**

A release of your SEVIS record must be obtained prior to the transfer to UTSA. **Please coordinate SEVIS release date with International office of your current institution and our office.** The UTSA J-1 Request Form must be submitted to our office prior to the transfer.

**Part I (to be completed by Exchange Visitor)** - Ensure that all names appear exactly as shown in your passport.

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Country of citizenship \_\_\_\_\_ SEVIS ID: **N** \_\_\_\_\_

Passport expiration date: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Current address in US: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

UTSA Sponsoring Department: \_\_\_\_\_ UTSA Sponsoring Faculty \_\_\_\_\_

*I hereby authorize the International Office to release my SEVIS record to The University of Texas at San Antonio.*

Exchange Visitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**International Scholar Advisor:**

The above-mentioned Exchange Visitor intends to transfer to The University of Texas at San Antonio. Please provide the information below to facilitate the transfer process. Our Program Number is: **P-1-06113**.

**Part II (to be completed by the Alternative/Responsible Officer of Exchange Visitor's institution)**

Exchange Visitor's Institution \_\_\_\_\_ Program Number: \_\_\_\_\_

Current program **Start date on DS 2019** \_\_\_\_\_ **End date** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

CIP Code on current DS 2019 Form: \_\_\_\_\_ Field of study/Research \_\_\_\_\_

**SEVIS Release Date:** \_\_\_\_\_ **Please check and complete below all that apply:**

Is this Exchange Visitor in good standing in accordance with J-1 regulations and is eligible to transfer? **Yes**  **No**

Does this Exchange Visitor have medical, evacuation and repatriation insurance to comply with J-1 regulations? **Yes**  **No**

If yes, insurance expiration date: (mm/dd/yyyy) \_\_\_\_\_

**IF YOU ANSWERED "NO" TO ANY OF THE ABOVE TWO QUESTIONS DO NOT TRANSFER SEVIS RECORD. Please call our office first to discuss transfer eligibility.**

\_\_\_\_\_  
Name of RO/ARO

\_\_\_\_\_  
RO/ARO Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Date