J-1 EXCHANGE VISITOR TRANSFER OUT FORM

A J-1 exchange visitor may transfer to another program sponsor if the purpose of the transfer is to complete the objective for which the exchange visitor was admitted in J-1 status and if the exchange visitor remains within the same participant category. In addition, there cannot be a gap of time between sponsorship at the transfer out program sponsor and the transfer in program sponsor.

This form must be completed by current MUSC J-1 exchange visitors who wish to transfer their J-1 Exchange Visitor Program to another program sponsor in the United States. The exchange visitor must contact the new institution to obtain the SEVIS program number and RO/ARO contact information.

PART I – COMPLETED BY J-1 EXCHANGE VISITOR

Exchange Visitor: _____ Non-MUSC email: _____

Name of new institution: _____

New institution SEVIS program number: _____

International advisor (RO/ARO) at new institution: _____

RO/ARO email address: _____

Have you ever applied for a waiver of 212(e), the two-year home-country physical presence requirement? ☐ yes ☐ no

Last day at MUSC: _____

By signing below, I certify that I will continue to pursue my original J-1 program goals and objectives at the new institution.

_____   _____
Exchange Visitor Signature   Date

PART II – COMPLETED BY SPONSORING MUSC DEPARTMENT

If the faculty supervisor has any questions or concerns related to this exchange visitor, the Center for Global Health should be contacted immediately (prior to signing this form).

By signing below, I certify the following:
- I have reviewed the exchange visitor's offer letter from the new institution and have determined that the transfer is consistent with the original J-1 program goals and objectives.
- I approve of the exchange visitor's last day at MUSC as stated on this form.
- I support the exchange visitor's request to transfer his/her J-1 program from MUSC to another program sponsor in the U.S. for the purpose of continuing the original J-1 program goals and objectives.

_____   _____   _____
Faculty Supervisor Name   Faculty Supervisor Signature   Date