

**Request to Transfer J-1 Exchange Visitor to
University of Massachusetts Medical School [UMMS] Sponsorship****Part I: To Be Completed by the Transferring J-1 Scholar**Name: _____
(LAST) (First) (Middle)

Date of Birth: _____ Email Address: _____

Telephone Number: _____ Host Department at UMMS: _____

I request that my J-1 program sponsorship be transferred to UMMS effective on _____
(start date of the UMMS appointment)

Do you plan to travel outside the U.S. before/after the above date? *

No _____ Yes _____ The dates of travel and the destination _____

Signature of Exchange Visitor Name of Exchange Visitor Today's Date**Part II: To Be Completed by the International Scholar Advisor (RO/ARO) at Current Institution**

The J-1 Exchange Visitor listed above notified us of his/her intent to transfer to the University of Massachusetts Medical School. Please confirm his/her status and if you agree with this transfer, please complete this form and process the "transfer out" in SEVIS. The Program Number for UMMS is **P-1-05967**.

Name of Institution: _____ SEVIS ID#: _____

EV Category: _____ Subject/Field Code Description: _____

Initial Start Date of J-1 Program: _____ Subject to 212(e): No _____ Yes _____ by gov. funding _____
by skills list _____

Has EV applied for a waiver? No _____ Yes _____

Start and End Dates of EV's Current Appointment at Your Institution: _____

I confirm that I have processed a SEVIS transfer to UMMS (Program **P-1-05967**) for this Exchange Visitoreffective _____.
(Date)

RO/ARO Contact info: Telephone: _____ E-mail: _____

Signature of RO/ARO Name of RO/ARO Today's Date

**Please return the completed form to Immigration Services by fax (508) 856-5922 or e-mail issoumms@umassmed.edu.
Thank you for your assistance.**

***PLEASE NOTE:** Travel outside the United States using UMMS's visa document will not be possible until the start date noted in Part I, as we will be unable to access the Exchange Visitor's SEVIS record until that date.