



J-1 EXCHANGE VISITOR TRANSFER OUT FORM

To be completed by the *Designated Campus Representative* at the current institution:

EV's Family Name: _____ EV's First/Given Name: _____

EV's Date of Birth: _____ Transfer Effective Date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

SEVIS #: _____ EV Category: _____

Subject/Field Code: _____

Campus Representative: _____ Email: _____

Signature: _____ Date: _____

To be completed by the *J-1 exchange visitor (EV)*:

Family Name: _____ First/Given Name: _____

I hereby authorize the Texas International Education Consortium to transfer my SEVIS record to the new program listed below effective on _____.
(MM/DD/YYYY)

EV's Signature: _____ Date: _____

To be completed by the *J Visa RO/ARO* at the new institution:

Name of Institution: _____

Program Number: _____ Transfer Effective Date: _____

Program Objective: _____

Additional Comments: _____

RO/ARO Name: _____ Email: _____

RO/ARO Signature: _____ Date: _____

Texas International Education Consortium

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