

### J-1 Exchange Visitor Transfer Form

#### Section I: To be completed by the J-1 applicant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ SEVIS ID: N\_\_\_\_\_

Department/School at Univ. of Maryland Baltimore: \_\_\_\_\_

Requested Start Date at UM: \_\_\_\_\_

I authorize the Responsible Officer/Alternate Responsible Officer at my current J-1 sponsor to release the information below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 2: To be completed by the RO/ARO at current J-1 program sponsor

J-1 category: \_\_\_\_\_ Current DS-2019 expiration date: \_\_\_\_\_

SEVIS Release date: \_\_\_\_\_ J-1 Program Number: P-1-04574

RO/ARO Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Institution's Name, Address, and J-1 Program Number: \_\_\_\_\_

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