

**Part I. Information about the Transferring J-1 Exchange Visitor**

1. Surname/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 2. Date of Birth \_\_\_\_\_ 3. Gender  Male  Female 4. Marital Status  Married  Single  
 5. Address: (Street Number and Name) \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 6. Phone No. \_\_\_\_\_ 7. Email Address \_\_\_\_\_ 8. SEVIS ID No. N000 \_\_\_\_\_  
 9. Current Exchange Visitor Category \_\_\_\_\_ 10. Date First Entered U.S. as a J-1 \_\_\_\_\_  
 11. Current Program Expiration Date \_\_\_\_\_ 12. Name of Department \_\_\_\_\_

I wish to transfer from Clemson University and give permission for the information on this form to be forwarded to the Office of International Affairs at my future institution.

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

**Part II. Transfer-in Institution Information**

Name of Institution:		
Address of Transfer-in Institution	City:	State:
	Phone Number:	Fax Number:
	Program Start Date:	EV Program Number:
Name of RO or ARO:		Title:
Email:		Phone Number:

*The position offered is consistent with the Exchange Visitor's original program objective.*

Signature of RO/ARO \_\_\_\_\_ Date \_\_\_\_\_

**Part III. To be completed by current CU supervisor**

This confirms that the J-1's academic department agrees with the transfer-out of the above named exchange visitor from Clemson University. The effective date of transfer is \_\_\_\_\_.

*Note - After this date, the exchange visitor may no longer be employed at Clemson University.*

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Name of Department \_\_\_\_\_ Name of College \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_