

Office of International Affairs

Transfer-In Form
J-1 Exchange Visitor

Individuals who are currently in the U.S. in the J-1 Exchange Visitor visa status and would like to transfer their Student and Exchange Visitor Information System (SEVIS) record to The University of Texas Health Science Center at Houston (UTHSC-H) must complete the documents listed in the J-1 Documents Checklist For All J Visa Requests found in the OIA J-1 Instructions and Forms Web Page including a completed and signed Request to Transfer-In Form as well as a Research Correlation Letter from the sponsoring current or future supervisor that specifically states how the research at The University of Texas will directly relate to the research being conducted at the previous institution. If the Office of International Affairs (OIA) determines that the visitor is eligible to transfer to UTHSC-H, the RO/ARO at their current institution must release the SEVIS record. OIA will not have access to the SEVIS record until the release date set by the visitor's RO/ARO is reached. It is the visitor's responsibility to contact the International Visitor Advisor (IVA) at OIA within 15 days of the program start date in order to complete the transfer-in process.

•	Exchange Visitor			
LAST/FAMILY NAME	First/Given Name		Middle	
U.S. Residential Address: Street	City	State		Zip Code
Telephone Number: Home	Cell	Work	Fax	
Date of Birth (MM/DD/YYYY)	E-mail Address			
I plan to travel outside the U.S. prior • If yes, please consult your IV	r to beginning my academic pro /A at UTHSC-H prior to your de	•	H: Yes	□No
Prior to OIA issuing a Form DS-2	019 the RO/ARO at your cui	rent institution i	nust complete	
regarding your immigration status	s. Your signature below ind			g the RO/ARO at you
regarding your immigration status current institution to provide the in	s. Your signature below ind	icates that you		g the RO/ARO at you
regarding your immigration status current institution to provide the in	s. Your signature below ind formation below.	icates that you	are authorizing	g the RO/ARO at you
regarding your immigration status current institution to provide the in Signature: Section II: To be completed be The above named Exchange Visitor Center at Houston. Please provide t	s. Your signature below ind formation below. y RO/ARO has indicated that he/she plans he information below regarding	to transfer to The	Date: E University of 1 nigration status	Texas Health Science
regarding your immigration status current institution to provide the institution to provide the institution to provide the institution of the institution of the completed by the above named Exchange Visitor Center at Houston. Please provide the address below. You may fax or	s. Your signature below ind formation below. y RO/ARO has indicated that he/she plans he information below regarding	to transfer to The	Date: E University of 1 nigration status	Texas Health Science
regarding your immigration status current institution to provide the in Signature:	s. Your signature below ind formation below. y RO/ARO has indicated that he/she plans he information below regarding	to transfer to The	Date: e University of 1 migration status iginal.	Texas Health Science

Phone: 713-500-3176 Fax: 713-500-3189

E-mail: utoiahouston@uth.tmc.edu 7000 Fannin Street, Suite 130

Houston, TX 77030

ARO Name:	Title:
ARO Signature:	Date:
E-mail Address:	Telephone Number:

SEVIS Release Date (UTHSC-H Program Number: P-1-05972):

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