



TRANSFER FORM FOR J-1 EXCHANGE VISITORS

Exchange Visitors in J-1 immigration status are required to maintain their status in order to be eligible for transfer.

TO BE COMPLETED BY THE EXCHANGE VISITOR	
Family Name	First Name
Date of birth:	# of Dependents:
I hereby give permission to the institution listed below to release the information necessary to complete my transfer to The Catholic University of America.	
Signature of Exchange Visitor:	Date:
TO BE COMPLETED BY THE RESPONSIBLE OFFICER AT YOUR CURRENT INSTITUTION	
Dates of participation in your program	SEVIS Number:
J-1 Category:	J-1 activity code:
Has this exchange visitor acted in accordance with applicable immigration regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
Please release SEVIS record to:	P-1-01300
Release date:	
RO/ARO Signature: _____	Date: _____
RO/ARO Name & Title: _____	_____
Institution: _____	_____
Address: _____	_____
Phone: _____	Fax: _____

Please return this form to the address or fax number listed below
International Student & Scholar Services

The Catholic University of America
620 Michigan Ave., NE, Pryzbyla 201
Washington, DC 20064
Phone 202-319-5618, Fax 202-319-5894