



Office of International Student and Scholar Services  
 International Studies & Programs  
 261 MSC  
 One University Blvd  
 St. Louis, Missouri 63121  
 USA  
 Telephone (314)-516-5229  
 FAX (314)-516-5636  
 Email iss@umsl.edu

**Request for Verification of Transfer Eligibility for International Scholars in J-1 Status**

Name \_\_\_\_\_ Empl ID/SSN \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Home Department at UM St. Louis \_\_\_\_\_ Date of arrival on campus \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Does s/he know of your intent to transfer? \_\_\_ Yes \_\_\_ No

Have/will you complete the EV program listed on your current DS-2019 issued by UM St. Louis? \_\_\_ Yes \_\_\_ No  
 When? \_\_\_\_\_

When did you first acquire J-1 status? \_\_\_\_\_ Are you presently in good J-1 status? \_\_\_ Yes \_\_\_ No  
 If no, please explain \_\_\_\_\_

What institution are you transferring to? \_\_\_\_\_

What is their Exchange Visitor Program Code? \_\_\_\_\_

What date would you like your transfer to be effective? \_\_\_\_\_

Exchange Visitor program details at new institution

Field of study \_\_\_\_\_

Primary activity \_\_\_ Teaching \_\_\_ Research \_\_\_ Teaching and research \_\_\_ Other \_\_\_\_\_

I hereby request and give my permission for UM St. Louis to release any necessary information to determine my eligibility for transfer as addressed by 22CFR62.42.

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

	For Office Use Only	
Transfer Release Date: _____		ARO: _____