| Part I. Information about the Transferri | ng J-1 Exchan | ge Visitor (EV) | | |
|---|---------------------|------------------------|---------------------|--|
| 1. EV's Full Name (Family, Middle, Give | n): | | | |
| 2. Phone No.: 3. E | 3. Email Address: | | 4. SEVIS ID No: | |
| 5. Current US Address: | | | | |
| 6. I hereby request that my J-1Exchange Visitor record be transferred out of Texas A&M University - Kingsville (TAMUK), | | | | |
| located in Kingsville, Texas with a SEVP program number of P-1-05166. I grant TAMUK permission to release my | | | | |
| information requested. | | | | |
| | | | | |
| Exchange Visitor's Signature: | | Date: | | |
| Part II. To be completed by current TAM | IUK superviso | r | | |
| 7. This confirms that the department agrees with the transfer-out of the above-named international scholar from Texas A&M | | | | |
| University - Kingsville. The effective date of transfer is (After this date, the exchange-visiting schola | | | | |
| may no longer be employed at TAMUK). | | | | |
| 8. Name of Supervisor: | | 9. Department/College: | | |
| | | 1 | | |
| Signature: | | Date: | | |
| Part III. Information about New (Transfe | er-in) Institutio | n | | |
| 10. Name of Institution: | | | | |
| 11. City: | 12. State: | | 13. EV Program No.: | |
| 14. Appointment Start Date: | 15. Name of RO/ARO: | | 16. Email: | |