J-1 International Student “Transfer In” Request

Complete this form to transfer your sponsorship as a J-1 student to the University of Wisconsin-Madison’s Exchange Visitor Program (Number: P-1-00105). Please fax, mail or bring this form to the International Student Services (ISS) at the University of Wisconsin-Madison. If item #4 on your DS-2019 does not indicate a category of Student (at the Bachelor’s, Master’s or Doctorate levels only) do not use this form. Instead, contact ISS.

Part I: To Be Completed by the Student
Please complete Part I of the form, sign, and submit it to the Responsible Officer at your school or with your sponsoring organization.

Name: ____________________________ Family ____________________________ First ____________________________ Middle ____________________________

I request J-1 sponsorship at UW-Madison to be effective for the following term: ☐ Fall ☐ Spring ☐ Summer of ______

Program of Study at UW-Madison: ____________________________ Major ____________________________ Degree Level (Bachelor’s, Master’s, or Doctorate) ____________________________

I authorize my current institution/organization to provide the information requested in Part II of this form to International Student Services at the University of Wisconsin-Madison.

Signature: ____________________________ Date: ____________________________

Part II: To Be Completed by the current J-1 Sponsor:

Has this student maintained valid J-1 status while under your sponsorship? ☐ Yes ☐ No

If no, please explain: __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Is this student eligible for transfer? ☐ Yes ☐ No

Has this student been granted Academic Training? ☐ Yes ☐ No

If so, please indicate the dates granted: _______________________________________

SEVIS ID Number: ____________________________ Transfer Out Date: ____________________________

Name of RO/ARO: ____________________________ Signature of RO/ARO: ____________________________

Title: ____________________________ Date: ____________________________

Institution or Organization: ____________________________ Phone: ____________________________

Address of Institution/Organization: ____________________________ E-mail: ____________________________

Revised 7/05

International Student Services, Offices of the Dean of Students, UW-Madison www.intstudents.wisc.edu 217 Red Gym 716 Langdon Street Madison, WI 53706 Phone: 608.262.2044 Fax: 608.262.2838