



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER..

Office of Institutional Compliance

## EMPLOYEE QUESTIONNAIRE

### J-1 EXCHANGE VISITOR TRANSFER OUT (FY 2020)

#### **TTUHSC EXCHANGE VISITOR PROGRAM INFORMATION**

**Name of Program: Texas Tech University Health Sciences  
Center**

**Program No.: P-1-05204**

**Location: Lubbock, Texas**

**Contact Info: Immigration Compliance & Services**

**Email: [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)**

**Phone: (806) 743-3575**

**Fax: (806) 743-1515**

Complete ONSCREEN & Submit ELECTRONICALLY NO  
HANDWRITTEN REQUESTS WILL BE PROCESSED.

THANK YOU FOR YOUR COOPERATION!

TTUHSC Institutional Compliance  
Immigration Compliance & Services  
3601 4th Street, STOP 8165  
Lubbock, TX 79430  
Ph: (806) 743-3949  
Email: [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)

## J-1 TRANSFER OUT QUESTIONNAIRE & CHECKLIST

This form is use to notify TTUHSC that you intend to transfer out of our J-1 program and into a J-1 program at another college, university, or facility. By submitting this request, you are asking TTUHSC to transfer your J-1 SEVIS record to a new institution where you will continue with an Exchange Program.

To be eligible for a J-1 transfer, you must be maintaining valid J-1 status. ICS will confirm that you are maintaining status and currently have valid insurance as required by the Department of State. The transfer request must be made before your J-1 program ends. at TTUHSC.

The institution you are transferring to ("transfer-in" institution) cannot issue you a new DS-2019 until the transfer-out date. If the transfer-in institution has given your transfer-in letter or transfer verification form, please give it to ICS.

Finally, if you decide to cancel your transfer, change the release date, or transfer to a different institution, you must contact ICS immediately and **before your transfer-out date**.

### CHECKLIST:

- J-1 Transfer Out Questionnaire with all questions answered (below)
- Copy of offer letter or admission letter from the transfer-in school or program
- Copy of all signed DS-2019's
- Current [I-94](#) document
- J-1 Waiver recommendation letter or J-1 waiver approval (I-612 approval)
- Proof of current insurance coverage for J-1 or J-2 dependents

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
DATE OF BIRTH:	
RAIDER #:	R _____
NUMBER OF J-2 DEPENDENTS:	
HAVE YOU RECEIVED A J-1 WAIVER:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPLICATON PENDING
TRANSFER-IN INSTITUTION:	
TRANSFER-IN INSTITUTION FULL ADDRESS:	
TRANSFER-IN PROGRAM NUMBER:	P _____
REQUESTED TRANSFER RELEASE DATE:	

\_\_\_\_\_  
J-1 Signature