



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

J-1 EXCHANGE VISITOR QUESTIONNAIRE TRANSFER-OUT FORM (FY2017)

TTUHSC J-1 PROGRAM INFORMATION:

Name of Program: Texas Tech University Health Sciences Center
Program No.: P-1-05204
Location: Lubbock, Texas
Contact Info: International Employment Services
Email: IES@ttuhsc.edu
Phone: (806) 743-2865

Please return the completed form and all supporting documents by mail or email to:

TTUHSC Human Resources
International Employment Services
3601 4th Street, STOP 8100
Lubbock, TX 79430
Ph: (806) 743-2865
Email: IES@ttuhsc.edu

J-1 TRANSFER OUT QUESTIONNAIRE & CHECKLIST

This form is used 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. IES 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 you a transfer-in letter or transfer verification form, please give it to IES. Finally, if you decide to cancel your transfer, change the release date, or transfer to a different institution, you must contact IES 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-2019s
- ☐ 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 and 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:	YES NO APPLICATION PENDING
Transfer-In Institution Name:	
Transfer-In Institution Full Address:	
Transfer-In Program Number:	P-
Requested Transfer Release Date:	
J-1 Signature:	