JOHNS HOPKINS UNIVERSITY | Office of International Services

J-1 Inter-Department Transfer

You must complete this form if you will be transferring between departments within School of Medicine, School of Public Health or School of Nursing. All fields and signatures are required. It is the J-1 Exchange Visitor's (**EV**) responsibility to get the signatures from your current department as well as the department you will transfer to. *Incomplete requests will not be processed.

SECTION 1: Must be Completed by the J-1 Exchange Visitor:

Last Name: _____ First Name: _____

Date of Birth: _____ SEVIS #: **N** _____

E-mail Address: _____

Current Department: _____

New Department: _____

Expected End Date in Current Department: _____

Expected Start Date in New Department: _____

*By signing below, I confirm that I have given notice to my current department of my intent to transfer. I also understand that I must continue to work in my current department until my DS-2019 is amended by the OIS and/or the effective start date for new appointment has reached. Failure to do so may affect my legal J-1 status.

Signature of J-1 Exchange Visitor: _____ Date: _____

SECTION 2: Must be Completed by the Current Department:

*By signing below, I confirm that the aforementioned J-1 EV has informed the department of his/her intent to transfer to a different department.

End Date of Appointment: _____

Department: _____

Signature & Name of Dept. Administrator: _____ Date: _____

Signature & Name of Preceptor/Advisor: _____ Date: _____

SECTION 3: Must be Completed by the New Department:

NOTE: The hiring preceptor is required to provide a letter verifying that the EV's original research objective will remain the same during this transfer. The letter must contain a brief description of the original and the new research and the relationship between both. The department must submit this form and letter along with J-1 Amendment Request to the OIS.

*By signing below, I confirm that the aforementioned J-1 EV has been offered an appointment in my department and may begin his/her appointment only after the changes are made to the EV's SEVIS record by the OIS. I also confirm that the J-1 EV will continue his/her original research objective during this transfer.

Start Date of Appointment: _____

Department: _____

Signaure & Name of Dept. Administrator: _____ Date: _____

SIgnature & Name of Preceptor/Advisor: _____ Date: _____