OFFICE OF INTERNATIONAL PROGRAM SERVICES (OIPS)
MOREHOUSE SCHOOL OF MEDICINE

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J-1 EXCHANGE VISITOR TRANSFER-IN REQUEST FORM

(For persons currently in the United States and already in J-1 status at another institution)

J-1 exchange visitor name: _____
(Family name in CAPS)

Anticipated start and end dates for J-1 exchange visitor program (mm/dd/yyyy): _____ to _____

Brief description of exchange visitor's expected program of activity:

Financial Support (minimum support for single researcher is $1750/month, plus $500/month for spouse and $200/month per child):

$_____MSM funds *per year/per entire period* (please circle as appropriate)

$_____Additional funds *per year/per entire period* provided by _____

Compliance Requirements:

☐ The Exchange Visitor's supervisor understands that the Exchange Visitor is required to engage ONLY in the activities described on this form, in the Department/Center indicated on this form, for the length of time indicated on this form. **The OIPS will be notified immediately if any changes are desired and before any changes are made.**

☐ The Department/Center understands that all Exchange Visitors on MSM's J-1 Program are required to attend a 1 hour orientation session at the OIPS.

☐ The Department/Center understands that all Exchange Visitors on MSM's J-1 program and their accompanying dependents must be covered under a health insurance policy that meets the minimum federal standards, and that failure to comply with this requirement may warrant termination.

☐ The Supervisor will notify the OIPS when this Exchange Visitor completes this program.

_____	_____	_____	____/_____/_____
(Supervisor's Name)	*(Signature)*	*(Dept./Institute)*	*(Date)*

CHECKLIST OF SUPPORTING DOCUMENTATION FOR TRANSFER REQUESTS

_____ Curriculum vitae (indicating current position)
_____ Copy of a diploma for an advanced degree relative to exchange visitor's anticipated program
_____ Copy of letter of invitation from supervisor to prospective exchange visitor, if one exists
_____ Evidence of financial support if coming from outside MSM; financial support (internal or external) must include at minimum $1750/month per exchange visitor, $500/month for spouse, and $200/month per child
_____ Supervisor's statement that Exchange Visitor has the necessary English language proficiency to successfully pursue program, to include brief description of assessment method used (unless education was obtained at institution where English is primary language)
_____ All copies of prior forms DS-2019, if the prospective exchange visitor has been in the United States in J status within the past two years

ADD'L DOCUMENTATION REQUIRED BY THE DEAN'S OFFICE FOR INITIAL APPOINTMENT:

_____ Letter of nomination for initial appointment from chairperson to dean
_____ Personnel Action (PA) Form (**NOTE: a PA is not required if there is no MSM funding**; **an RP is not required for J-1 appointments**)
_____ Original letter of reference addressing candidate's qualifications

Please submit this request form, along with supporting documentation indicated on this checklist, to the OIPS. The DS-2019 can only be issued after the release date set by the previous exchange visitor's program in SEVIS. OIPS will forward appropriate documentation to the Dean's office for further MSM internal processing of expected appointment.