

Office of International Student,
Faculty, and Staff Services

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SEVIS Release Form for Transferring Out of JHMI

You must complete this form if you will be transferring from THE JOHNS HOPKINS UNIVERSITY: MEDICAL INSTITUTIONS to another U.S. educational institution. This form is to confirm the Institution to which you have decided to transfer.

INTERNATIONAL Exchange Visitor/Student's Name: _____

Date of Birth: _____

SEVIS #: _____

Email Address: _____

Date of transfer from JHMI: _____

After your confirmation, an Advisor will enter into SEVIS the name of the new school and the date upon which JHMI will release your SEVIS record to the new school.

AFTER THE TRANSFER JHMI WILL NO LONGER HAVE ACCESS TO YOUR RECORD TO MAKE ANY CHANGES.

Confirmation of Transfer Decision

I confirm that I wish to transfer to: _____

ADDRESS of transfer Institution: _____

PROGRAM NUMBER of transfer Institution: _____

PHONE # of transfer Institution: _____ FAX #: _____

SIGNATURE OF Preceptor/Advisor: _____

SIGNATURE OF International Exchange Visitor/Student: _____