

J-1 Scholar SEVIS Transfer-In Request

Section A: To be completed by the transferring J-1 scholar

SEVIS ID# (listed above bar code on DS-2019): _____

NAME: _____
Family/Last Name First Name Middle Name

Country of Citizenship: _____ Date of birth: _____
Month / Day / Year

Requested date of transfer: _____
Month / Day / Year

E-mail: _____ Phone: _____

Number of J-2 Dependents: _____

Dependent Names and Relation to you: _____

Have you applied for, or received a waiver of the two-year home residency requirement, 212(e) from the U.S Department of State? Yes _____ No _____ If yes, please attach a copy of the approval notice.

Note: You must maintain health insurance coverage in compliance with J-1 regulations at all times during the transfer.

I understand that I must make an appointment to report to the Manager of Immigration and International Affairs in the Office of International Education within 10 days after arriving at the new location and before employment begins. If I do not report before employment begins, I understand that my SEVIS record may be terminated.

I attest that this transfer is a continuation of my original program/research objective.

Scholar's signature: _____ Date: _____

Section B: To be completed by the RO/ARO at current institution

Name of institution: _____

Program Number: _____

Proposed SEVIS transfer date: _____

month/day/year

Name of RO or ARO: _____

Title: _____

Phone: _____ E-mail: _____

I have verified that the category and area of intended work is consistent with the J-1 regulations.

Signature of RO/ARO: _____ Date: _____

Please return the completed form by email to immigration@southalabama.edu.

For USA Office of Immigration Use Only

Check one: Approved DS-2019 creation date: _____

Denied. Reason: _____

Office of Immigration & International Admissions Signature: _____ Date: _____