

## 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.

<p><b>For USA Office of Immigration Use Only</b></p> <p>Check one: <input type="checkbox"/> Approved DS-2019 creation date: _____</p> <p><input type="checkbox"/> Denied. Reason: _____</p> <p>Office of Immigration &amp; International Admissions      Signature: _____ Date: _____</p>
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