



## SYRACUSE UNIVERSITY

LILLIAN AND EMANUEL SLUTZKER CENTER FOR INTERNATIONAL SERVICES

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## J-1 Scholar Transfer In Form

### For J-1 Scholar transfer to Syracuse University

US Citizenship and Immigration Services requires that an international student or scholar's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section I should be completed by the J-1 Scholar who is transferring to Syracuse University; Section II should be completed by the J-1 Responsible Officer or Alternate Responsible Officer at the institution from which the J-1 Scholar intends to transfer. Please note, your SEVIS DS-2019 cannot be released until the last day of service to your current university is complete.

#### SECTION 1: TO BE COMPLETED BY J-1 SCHOLAR TRANSFERING TO SYRACUSE UNIVERSITY

Name	_____	_____	_____
	Family Name	Given Name	Middle Name (optional)
Current Address	_____	_____	_____
	Apt. or House Number	Street	P.O. Box
	_____	_____	_____
	City	State	Zip Code
Current J-1 Category (Research Scholar, Professor, Short-term Scholar, Specialist) :	_____		
Current J-1 Subject/Field of Research (i.e. Electrical Engineering, Chemistry, etc.) :	_____		
Last Date of Service to Current University:	_____	_____	_____
	Month/	Day/	Year
Begin Date of Service to Syracuse University:	_____	_____	_____
	Month/	Day/	Year
<i>By signing below, you grant permission to your current institution's RO/ARO to provide the requested information to Syracuse University.</i>			
J-1 Scholar's Signature	_____	Date	_____

#### SECTION 2: TO BE COMPLETED BY RO/ARO (J-1 SCHOLAR ADVISOR) AT CURRENT INSTITUTION

**Please check one:**

The above named J-1 Scholar is in good standing.

The J-1 Scholar is out of status and a reinstatement to J-1 status application was filed on: \_\_\_\_\_ to the USCIS office in \_\_\_\_\_, and is pending.

The J-1 Scholar is out-of-status and no application for reinstatement has been filed.

SEVIS ID# \_\_\_\_\_ SEVIS record release date \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

UNIVERSITY NAME \_\_\_\_\_ EV Program Number \_\_\_\_\_

RO/ARO Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

RO/ARO Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this document by mail or fax to: Syracuse University  
Slutzker Center for International Services  
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(315) 443-2457 phone  
(315) 443-3091 fax  
[lescis@syr.edu](mailto:lescis@syr.edu)  
<http://international.syr.edu>  
**EV Program Number: P-1-00245**