



SYRACUSE UNIVERSITY
CENTER FOR INTERNATIONAL SERVICES (CIS)
310 Walnut Place | Syracuse, New York 13244-2380
TEL: 315-443-2457 | FAX: 315-443-3091
EMAIL: INTERNATIONAL@SYR.EDU
WEB: Center For International Services

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 TRANSFERRING 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 _____

By signing below, you grant permission to your current institution's RO/ARO to provide the requested information to Syracuse University.

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
Center for International Services
310 Walnut Place
Syracuse, NY 13244-2380

(315) 443-2457 phone
(315) 443-3091 fax
international@syr.edu
Center For International Services
EV Program Number: P-1-00245