



UCI INTERNATIONAL CENTER
 500 East Peltason Drive, Irvine, CA 92697-5255
 Tel: (949) 824-7249 Fax: (949) 824-3090
 www.ic.uci.edu E-Mail: intl@uci.edu

J-1 TRANSFER REQUEST

Part 1: To be completed by Scholars who are currently in the U.S. at another institution in J-1 non-immigrant status. ATTACH COPIES OF ALL PREVIOUS DS-2019 FORMS.

Name: _____ Date of Birth: _____

Current Address: _____

E-mail: _____ Phone Number: _____

Program End Date on DS-2019: _____ SEVIS ID #: _____

Have you applied for a waiver to the 2 year home residency requirement? Yes No

IMPORTANT: This form and copies of your previous DS 2019 forms must be sent with the **Preliminary Visa Data Sheet for UCI International Scholars: Form A** to the UCI department which has offered you an appointment. UCI *cannot* issue a Form DS-2019 until this transfer-in request has been submitted and your SEVIS record release date is reached. Please report to your UCI department on the first day of your appointment.

I give permission for the information provided on this form to be forwarded to the UCI International Center.

Scholar's Signature: _____ Date: _____

Part 2: To be completed by the J-1 Responsible Officer/Alternate Responsible Officer (International Scholar Advisor) at your academic institution.

UCI Exchange Visitor Program# P-1-04818

Name of Institution: _____

Exchange Visitor's SEVIS ID#: _____ Program Number: _____

Start and end date of E.V. current appointment at your institution: _____

CIP code on current DS-2019: _____ Field of Study/Research: _____

SEVIS transfer release date: _____

To the best of your knowledge, is the scholar noted above in status according to DOS regulations and eligible for transfer?
 Yes No If No, please provide explanation in comment section below:

Signature of RO/ARO: _____ Date: _____

Name and Title: *(Please Print)*: _____

Phone Number: _____ E-mail: _____