



International Student and Scholar Services

TRANSFER IN Request for J-1 Scholars

J-1

Instructions

This form should be completed by J-1 scholars who have been appointed to a research or teaching position at the University of Pennsylvania or affiliated hospital, center, etc., but who are currently in J-1 status at another institution.

Please complete Section A of this form. Section B should be completed by the International Scholar Advisor at your current institution. After both sections are complete, please return this form to the appointing department at Penn to be submitted with your complete J-1 Department Request application. Please note that you must report to the Office of International Programs upon arrival at Penn to complete the J-1 transfer process.

A: To Be Completed by the Transferring J-1 Scholar

Name: (Family/Last) / (Given/First) / (Middle I.)

Date of Birth: Email:

Please list the University of Pennsylvania School/Department to Which You Have Been Appointed.

School/Department:

PLEASE NOTE: Travel outside the United States and re-entry using a Penn DS-2019 will not be possible until the SEVIS release date as noted below in Section B, as we are unable to access your SEVIS record until that date. If you plan to travel, please consult the Office of International Programs.

I give permission for the information on this form to be forwarded to the Office of International Programs:

Scholar's signature: Date:

B: To Be Completed by the International Scholar Advisor (RO/ARO)

Name of Institution: E.V. Program #:

Exchange Visitor's SEVIS ID #:

Exchange Visitor's Start Date / Initial Entry to the US:

Dates of Current E.V. Appointment at Your Institution: From: To:

CIP Code on Current DS-2019: Field of Study/Research:

J-1 Category: [] Research Scholar [] Professor [] Short-Term Scholar [] Other:

SEVIS Transfer Release Date: (Please note Penn's E.V. Program # P-1-00183)

To the best of your knowledge, is this scholar in status according to DOS regulations and eligible for transfer? [] Yes [] No

If No, Please Comment:

Name of RO or ARO: Title:

Telephone: Email:

Signature: Date: