J-1 PROFESSOR / RESEARCH SCHOLAR TRANSFER-IN (TO RUTGERS) FORM

Part I. TO BE COMPLETED BY J-1 EXCHANGE VISITOR

Last (Family) Name__________________________         First (Given) Name _______________________________

Date of birth: _______/_______/________ SEVIS ID:_____________________

Phone#: __________________________ Email(print): _______________________________________________

By signing below, I am confirming that:

1. I will be present in the U.S. on the “effective date of transfer” noted in Item #4 below (otherwise, transfer will not be valid); and
2. I am not subject to the 2-year home residence requirement OR I am subject to the 2-year home residence requirement and have NOT applied for a waiver of the requirement.

Signature: _________________________________________Date Signed: _______________________________

Part II. TO BE COMPLETED BY RUTGERS’ OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

1. Proposed J-1 category at Rutgers: ☐ Professor ☐ Research Scholar ☐ Short-term Scholar

2. Proposed subject/field code at Rutgers:_______________________________________________________

3. Proposed program description at Rutgers:_____________________________________________________

Part III. TO BE COMPLETED BY CURRENT INTERNATIONAL SCHOLAR ADVISER (RO/ARO)

1. Current J-1 category at your institution: __________________________

2. Current subject/field code at your institution: __________________________

3. Current program description at your institution: ___________________________

4. If you determine from the above information that this transfer is in keeping with the exchange visitor’s original objectives, please release the record for transfer in SEVIS as follows:

   ► Transfer to:    Program Number: P-1-10111, Rutgers University Newark Campus

   ► Effective date of transfer requested: __________________________

5. Current J-1 Program Sponsor (institution’s name): __________________________

6. Initial start date of visitor’s current J-1 program 7. Expiration date of current DS-2019:

   __________/_______/__________ __________/_______/__________
   MM      DD       YYYY        MM      DD       YYYY

8. Current RO/ARO Name and Title (print): ____________________________________________________

   Tel: ___________________________ Email address: ___________________________

   Signature: ___________________________ Date: ___________________________