

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

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

Name: _____
Last (family) name First name Middle name(s)

Date of birth: _____ / _____ / _____ SEVIS ID #: _____
mm dd yyyy

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: _____

Step II. TO BE COMPLETED BY CURRENT INTERNATIONAL SCHOLAR ADVISOR (RO/ARO)

Note: To assist both your J-1 program and ours in determining whether this exchange visitor's transfer to KUMC will be in keeping with his or her original objective, please provide the following information about the current J-1 program.

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 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: KUMC, Program # P-2-03624**
- ▶ **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 approval and confirmation:

Name (print): _____ Title _____

Tel: _____ Email address: _____

Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM TO ADDRESS OR FAX NUMBER PROVIDED ABOVE, THANK YOU!