



J-1 Transfer-In Form

Please provide the following information in order for International Student & Scholar Services at the University of Utah to complete your transfer process from your current J sponsor to our university. We will not be able to issue a DS-2019 form until your current sponsor releases you from their program to ours. Once you arrive in Salt Lake City, check in with our office and give us your local address. We will need to update your information with the State Department to validate your participation in our Exchange Visitors Program. Please do this as soon as possible.

Part 1: To be completed by the transferring J-1 scholar (type or print)

Name: _____
Family Name First Name Middle Name

Date of Birth: _____ Country of Citizenship _____
Month/Day/Year

Current address: _____ City: _____
State: _____ Zip code: _____

Email address: _____ Telephone number: _____

Name of host department at the University of Utah: _____

Name of supervisor/Professor at the University of Utah: _____

I give permission for the information provided on this form to be forwarded to the University of Utah's International Student & Scholar Services.

Scholar's signature _____ Date: _____

Part 2: To be completed by the Responsible or Alternate Responsible Officer of your current DS-2019

Name of Institution: _____

Exchange Visitor Program Number: _____

Exchange Visitor's SEVIS I.D. Number: _____

Start and end date of the Exchange Visitor's current appointment at your institution

From _____ To _____
Month/Day/Year Month/Day/Year

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

J-1 category: Professor Research Scholar Short-term Scholar Specialist
 Student (what level) _____

SEVIS transfer release date: _____ Please note the University of Utah's Exchange Visitor Program number is **P-1-00830** and our e-mail address is: **internationalscholars@utah.edu** (please submit form via e-mail).

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

This form completed by:

Name of RO or ARO _____ University: _____

Telephone: _____ Email _____

Signature: _____ Date: _____