

J-1 Exchange Visitor Transfer-In Form

UCLA SEVIS Exchange Visitor Program Number: P-1-00181

Instructions:

Incoming Exchange Visitors with appointments at the David Geffen School of Medicine at UCLA, who are currently in the United States at a different institution with a J-1 visa status, must complete Part I of this Form.

Part II of the Form must be completed by the RO/ARO at your current institution. Please submit the completed form to your UCLA Sponsoring Department Coordinator.

The DGSOM Visa and Licensing Office is not able to issue your Form DS-2019 until your current institution releases your SEVIS record on or after the date indicated below as the transfer release date. Once you are issued a Form DS-2019 from UCLA, you must report to your Sponsoring Department Coordinator within 10 days of the start date on your Form DS-2019 to have your transfer process completed.

Part 1: To be completed by the transferring J-1 Exchange Visitor

Exchange Visitor Last Name:	Exchange Visitor's Given Name:
Date of Birth	(Month/Day/Year)
Country of Citizenship	
Current Resident Address	
Do you have J-2 dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your J-2 dependents in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	
Primary Phone Number	
UCLA Department to which you have been appointed	
UCLA Department Contact Name	
UCLA Department Phone Number	

PLEASE NOTE: You will not be able to travel outside the United States using UCLA's Form DS-2019 until after the SEVIS release date as noted in Part II of the document. The Visa and Licensing Office is unable to access your SEVIS record until the date indicated below.

I give permission with the information provided on this form to be forwarded to UCLA David Geffen School of Medicine Visa and Licensing Office.

Exchange Visitor's Signature:	Date:
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Part 2: To be completed by the current RO/ARO

Name of Institution		
EV Program Number		
SEVIS Number	N	
Exchange's Visitor's start date / first entry to the United States	MM/DD/YYYY	
Start and end dates of E.V.'s current appointment at your institution	Start date MM/DD/YYYY	End date MM/DD/YYYY
CIP code on current DS-2019		
Field of Study/ Research		
J-1 Category	<input type="checkbox"/> Research Scholar <input type="checkbox"/> Short-Term Scholar <input type="checkbox"/> Professor <input type="checkbox"/> Other: _____	
SEVIS transfer release date:	MM/DD/YYYY	
Are there any dependents in the E.V.'s SEVIS record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
To the best of your knowledge, is the scholar noted above in status according to DOS regulations and eligible for a transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide explanation in the comments section below.	

Completed by:

Name of RO/ARO:

Email:

Signature:

Title

Telephone:

Date:
