

University of Connecticut
Department of International Services and Programs (DISP)

*Student Union Building, Room 307, 3rd Floor
2110 Hillside Rd, Unit 3083
Storrs, CT 06269-3083 U.S.A.
Tel.: 860-486-3855 Fax: 860-486-5800
<http://www.disp.uconn.edu>*

J-1 SCHOLAR TRANSFER REQUEST FORM TO UCONN

SECTION A

To be completed by the J-1 Exchange Visitor (EV)

Please complete the items in this section if you are a J-1 applicant currently residing in the U.S. and do not intend to depart the U.S. prior to beginning your program at the University of Connecticut.

Last Name	First Name	Middle Name
Birth date (mm/dd/yy)		Country of Citizenship
Department at the University of Connecticut		Program Start date at the University of Connecticut (mm/dd/yy)

I authorize the responsible officer at my current institution to provide the information requested below.

J-1 EV's

Signature: _____

Today's Date: _____

SECTION B

To be completed by the Responsible Officer at Current Institution

The above-named J-1 EV has been offered a teaching/research position by the University of Connecticut. Please complete the following and mail, fax, or email (with the subject line "J-1 Scholar Transfer Form Submission") this form back to the Department of International Service & Programs at the University of Connecticut. Thank you!

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Current J-1 Category at Your Institution	Current DS-2019 Expiration Date (mm/dd/yy)
SEVIS ID #	University of Connecticut Program #: P-1-00710
EV Initial Start Date (mm/dd/yy)	EV Current End Date (mm/dd/yy)
Effective Date of Transfer (SEVIS Release Date: mm/dd/yy)	

Is this J-1 EV "in status" without any previous status violation? Yes No
Please explain below why student is not "in status."

If the J-1 EV is subject to the 212(e), has s/he obtained a waiver of this requirement?
 Yes No *If yes, please include a copy of the waiver documentation*

COMMENTS:

INTERNATIONAL ADVISOR / RESPONSIBLE OFFICER:

ARO/RO Name	Name of Institution
ARO/RO Signature	Address of Institution
Phone	
Fax	Program #
Email	Today's Date