

J-1 Exchange Visitor Program – Transfer In Request Form

This form is used to notify Immigration Services Office of your intent to transfer your J-1 status and SEVIS record to the University of Arkansas for Medical Sciences. This form is for J-1 Research Scholar or Short-term Scholar.

- To be eligible for a transfer, you must be maintaining an active J-1 status.
- You must request a transfer **BEFORE** your DS-2019 Program End Date and your UAMS employment start date.
- If you decide to cancel your transfer request or change any information related to this transfer request, you must notify us **BEFORE** your SEVIS record transfer date.
- If you have any questions, please contact AskImmigration@uams.edu.

Part I: J-1 Exchange Visitor's information (To be completed by the J-1 Exchange Visitor)

Last Name _____ First Name _____

Email _____ Phone _____

Number of J-2 Dependents _____ J-1 Category Research scholar Short-term scholar

SEVIS ID _____ Subject/Field Code on DS-2019 _____

DS-2019 Program Start Date _____ DS-2019 Program End Date _____

Last date at your current institution _____ Start date at UAMS _____

Are you subject to the 212(e) two-year home residency requirement? Yes No

If yes, have you applied for a J-1 waiver? Yes No

Signature _____ Date _____

Part II: Current Sponsoring Institution (To be completed by the current sponsoring institution)

University of Arkansas for Medical Sciences SEVIS Program Number: **P-1-03650**

Current sponsoring institution name _____

Contact person (RO/ARO) name _____

Email _____ Phone _____

Record release date in SEVIS _____

I confirm that the above mentioned J-1 exchange visitor is eligible to transfer to UAMS and the transfer complies with the J-1 regulations.

The J-1 exchange visitor mentioned above is NOT eligible for transfer according to the J-1 regulations.

Reason _____

Signature _____ Date _____