

State University of New York at Buffalo

UB Immigration Services

1Capen

Buffalo NY 14260

716-645-2355

immgsvc@buffalo.edu

J-1 SCHOLAR TRANSFER IN FORM FROM ANOTHER J-1 PROGRAM

**[Must be submitted to UBIS
at least 30 days prior to transfer-in date]**

The University at Buffalo (UB), Exchange Visitor Program Number P-1-04839, may permit eligible J-1 scholars to transfer in from their current J-1 program at another designated J-1 program sponsor to UB in order to pursue the same program objective being pursued at the non-UB location.

To be eligible for transfer:

1. The J-1 Scholar must be in valid J-1 status, and have not been terminated or have completed their program activities prior to the effective date of transfer;
2. If subject to 212(e), the Two-Year Home Residency Requirement, the J-1 Scholar must not have applied for, or previously received, a waiver of 212(e).
3. The transfer must be approved by both the J-1 scholar's current faculty sponsor and the Chair of the primary department at UB;
4. The J-1 Scholar must be continuing with the same program objective, as determined by both UB and the current institution, for which the scholar was initially invited to participate.

Step 1: TO BE COMPLETED BY J-1 SCHOLAR:

I hereby request that my J-1 Exchange Visitor SEVIS record be transferred to the University at Buffalo. I grant permission for the information requested to be released to UB. I understand that submission of this request to UB does not guarantee that it will be approved by UB.

Scholar's Name (please print)

SEVIS ID Number

E-mail Address

Phone Number

Brief description of your current program activities (provide additional pages if necessary)

Signature

Date

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Step 2: TO BE COMPLETED BY UNIVERSITY AT BUFFALO HOST DEPARTMENT

Scholar's Proposed Start Date at University at Buffalo: _____/_____/_____
Mo Day Year

Department Name _____ Dept. Administrator Preparing Form _____ Phone Number _____

Faculty Sponsor Name _____ Faculty Sponsor Signature _____ Date _____

Primary Department Chair Name _____ Primary Department Chair Signature _____ Date _____

Step 3: TO BE COMPLETED BY CURRENT J-1 PROGRAM RESPONSIBLE OFFICER (RO) OR ALTERNATE RESPONSIBLE OFFICER (ARO):

Scholar's Proposed Last Day at Current Institution: _____/_____/_____
Mo Day Year

Name of Institution _____ SEVIS Program Number _____

Name of RO/ARO Completing Form _____ Title _____

E-mail Address _____ Phone Number _____

Description of program activities (or attach invitation letter)

Signature _____ Date _____

Step 4: TO BE RETURNED BY NON-UB J-1 (ALTERNATE) RESPONSIBLE OFFICER:

Please fax this form to UB Immigration Services, University at Buffalo.

Fax Number: (716) 645—2026. Thank you for your assistance.