

State University of New York at Buffalo

UB Immigration Services

1Capen

Buffalo NY 14260

716-645-2355

immgsvc@buffalo.edu

J-1 SCHOLAR TRANSFER OUT FORM TO ANOTHER J-1 PROGRAM

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

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

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 either the Chair of the primary department or the Dean of the primary school;
4. The J-1 Scholar must be continuing with the same program objective, as determined by both UB and the receiving institution, for which the scholar was initially invited to UB.

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

I hereby request and grant permission for the University at Buffalo to release my J-1 Exchange Visitor record to:

Name of Institution

Student/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

Student/Scholar's Last 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 or Dean Name

Primary Department Chair or Dean
Signature

Date

Step 3: TO BE COMPLETED BY RESPONSIBLE OFFICER (RO) OR ALTERNATE RESPONSIBLE OFFICER (ARO) AT THE NEW INSTITUTION:

Student/Scholar's Start Date at new 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 (attach invitation letter)

Signature

Date

Please submit this form to UB Immigration Services, University at Buffalo 1Capen.