

J-1 Exchange Visitor Transfer-In Request Form

J-1 TRANSFER ELIGIBILITY

You are eligible to transfer your J-1 Exchange Visitor status to Weber State University from another U.S. host institution if you meet the following conditions:

- Your DS-2019 was issued for one of the following categories: Short-Term Scholar, Research Scholar, or Professor.
- You have received an Offer/Invitation Letter from a Host Department at Weber State University.
- You have completed the DS-2019 Exchange Visitor Request Form, and provided it, along with copies of your (and any dependents') passport, J-1 visa, current DS-2019, I-94, and medical insurance to your Weber State University International Student and Scholar Center.
- The work you will do within your Host Department at Weber State University is consistent with the work you have been doing with your current host institution, as described on your DS-2019.
- You have not yet reached the Program End Date on your DS-2019. After your Program End Date, your program objective is considered complete, and you are required to depart the U.S. within 30 days



TO BE COMPLETED BY J-1 Exchange Visitor:

Family Name (Last Name)	Given Name (First Name)	Middle Name(s)
Phone	Email	
Street Address	Apt/Unit/Suite	
City	State/Province	Postal Code
Date of Birth	Country of Birth	Country of Citizenship
J-1 Category: □Short-Term Scholar	□Research Scholar/Professor	Other:
Most recent I-94 number (retrieve from	ı i94.cbp.dhs.gov):	
I authorize my current RO/ARO to provon (MM/DD/YYYY)		to release my SEVIS record
Exchange Visitor Signature	Date	(MM/DD/YYYY)
TO BE COMPLETED BY Respo	nsible Officer/Alternate Res	ponsible Officer:
EV's visa status: □J-1 □Ot	ther: SEVIS ID:	
☐ The Exchange Visitor is within his/h	er program dates.	
☐ The Exchange Visitor's proposed w	ork at Weber State University is co	nsistent with the work they
are currently doing at our institution, as	s described on his/her current DS-2	2019.
☐ The Exchange Visitor is eligible for	transfer. The SEVIS Release Date	is:



EV's Current Job/Appointment Title	Host Department Name	
Host Institution Name	Host Institution City, State, Zip	
RO/ARO Name	RO/ARO Title	
Phone	Email	
RO/ARO Signature	Date (MM/DD/YYYY	