



**INTERNATIONAL SCHOLAR CENTER
J-1 SCHOLAR TRANSFER FORM
UCR PROGRAM NUMBER P-1-03122**

International Scholar Center Surge, Room 0372
 T: (951) 827-3300 F: (951)827-3248 iscmail@ucr.edu
 900 University Ave. Riverside, CA 92521:

To be completed by J-1 Exchange Visitor		
Last Name	First Name	Middle Name
Date of Birth	Country of Citizenship	SEVIS ID Number
Current Residential Address		
Email Address	Phone Number	Number of Dependents

IMPORTANT - If you are **leaving** UCR, please complete **Section I** of this form and return it to UCR International Scholar Center. **OR** If you are **joining** UCR, skip **Section I**; complete **Section II** and then give this form to an International Scholar Advisor at your current institution.

Section I: To Transfer OUT of UCR		
Please complete the following information about the institution to which you will transfer.		
Name of Institution	SEVIS Program Number	
Effective Date of Transfer	Department at New Institution	
Name of International Advisor (RO/ARO) at New Institution	Phone Number and Email Address for International Advisor	
<i>I give the International Scholar Center permission to contact the Institution above to arrange my J-1 SEVIS transfer:</i>		
_____ Scholar's Name (Please Print)	_____ Scholar's Signature	_____ Date

Section II: To Transfer IN to UCR		
Please complete the following information about your current J-1 Institution:		
Name of Institution	SEVIS Program Number	
Department at Current Institution	Field of Research (Subject/Filed Code)	
Job Title at Current Institution	Start Date at the Current Institution	Effective Date of Transfer to UCR
This Section to be completed by the international Scholar Advisor (RO/ARO) at your current Intuition:		
The above named Exchange Visitor has requested a program transfer to UCR. In compliance with USCIS regulations, ISC requests confirmation that the Exchange Visitor is eligible to transfer to UCR. Please complete the following and fax to ISC at 951-827-3248 or send by scan/email. Please attach a copy of the current DS-2019 to the fax or scan.		
_____ Name & Title of RO/ARO Completing This Form	_____ Signature	
_____ Email address	_____ Phone Number	_____ Date