J-1 SCHOLAR TRANSFER IN FROM OTHER J-1 PROGRAM

University at Buffalo
Immigration Services
210 Talbert Hall
Buffalo, New York 14260
716-645-2355
immgsvc@buffalo.edu

Exchange Visitor Program Number: P-1-04839

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.

Scholar's Name (please print) _____ SEVIS ID Number _____

E-mail Address _____ Phone Number _____

Signature _____ Date _____

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

Scholar's Start Date at UB: ____/ ____/ ____
Mon Day Year

Department Name _____ Dept. Staff Member Preparing Form _____ Phone Number _____

Faculty Sponsor Name _____ Faculty Sponsor Signature _____ Date _____

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

Scholar's Last Date at Current Institution: ____/ ____/ ____
Mon Day Year

Name of Institution _____ SEVIS Program Number _____

Name of RO/ARO Completing Form _____ Title _____

E-mail Address _____ Phone Number _____

Signature _____ Date _____

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

Please fax this form to UB Immigration Services, University at Buffalo.
Fax Number: (716) 645-6197. Thank you for your assistance.