

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

University at Buffalo  
International Student & Scholar Services  
210 Talbert Hall  
Buffalo, New York 14260  
716-645-2258 (J-1 students) / 716-645-2355 (J-1 scholars)  
[intlservices@buffalo.edu](mailto:intlservices@buffalo.edu) (J-1 students) / [immgsvc@buffalo.edu](mailto:immgsvc@buffalo.edu) (J-1 scholars)

Exchange Visitor Program Number: P-1-04839

**Step 1: TO BE COMPLETED BY J-1 STUDENT OR SCHOLAR:**

I hereby request that my J-1 Exchange Visitor record be transferred to the University at Buffalo. I grant permission for the information requested to be released to UB.

Student/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 (FOR SCHOLARS ONLY):**

Scholar's Start Date at UB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo 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):**

Student/Scholar's Last Date at Current Institution: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo 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 International Student & Scholar Services, University at Buffalo.  
Fax Number: (716) 645-6197. Thank you for your assistance.