



RUTGERS
NEWARK

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J-1 PROFESSOR/SCHOLAR TRANSFER-IN FORM

Part 1. **TO BE COMPLETED BY J-1 EXCHANGE VISITOR**

Last Name:	First Name:	Middle Name:
Date of Birth (month, Day, Year)		

Signature: _____ Date Signed: _____

Part II TO BE COMPLETED BY CURRENT INT'L SCHOLAR ADVISOR (RO/PDSO)

NOTE: To assist you in determining whether this exchange visitor's transfer will be in keeping his or her original objective, we provide the following information about the proposed J-1 program at Rutgers University:

Proposed J-1 category at Rutgers: _____

Proposed subject/field code at Rutgers _____

Please complete the following:

1. Name of current J-1 Program Sponsor (institution's name): _____
2. Initial start date of the exchange visitor's current J-1 program _____
3. Expiration date of current DS-2019: _____
4. SEVIS ID # _____
5. Current J-1 category of the exchange visitor: _____

(Continued on Reverse)

6. Current Subject/field code _____

7. Please provide a brief description of this exchange visitor's current program objectives at your institution: _____

8. Planned Release Date of SEVIS Record to Rutgers University J-1 Program #

P-1-10111 _____
MM/ DD/ YYYY

9. Current RO/ARO approval and confirmation:

Name (print): _____ Title _____

Address: _____

Tel: _____ Email: _____

Signature: _____ Date: _____