J-1 Exchange Visitor Transfer-In Request

Upload the complete form to https://forms.office.com/r/er6p1CM6ZE

SECTION I: Scholar Information -- to be completed by J-1 Scholar wishing to transfer to Virginia Tech

_____   _____   _____
Family name   *Given Name(s)*   *Date of Birth*

_____   _____   _____
Email   *Phone*   *Requested Start Date at Virginia Tech*

I request my J-1 Exchange Visitor SEVIS record to be transferred to Virginia Tech. I grant permission for the information requested to be released to Virginia Tech. I understand and agree to the transfer requirements above and certify that I am in status and eligible for a transfer. I am (check one): ☐ **NOT** subject to 212(e); ☐ subject to 212(e) but have **NOT** applied for or received a waiver.

_____   _____
VT transferring in J-1 Exchange Visitor Signature   *Date*

SECTION II: VT Hosting Department Information – to be completed by VT Hosting Department

_____
VT Department and address where J-1 Exchange Visitor will work (include street address, building, room number, city, state, zip, and mail code)

_____
Program Description: What will scholar be doing and in what field/area of study?

_____   _____   _____
Requested VT Start Date   *End Date*   *Total amount of VT Funding*

_____   _____   _____
Faculty Host   *Faculty Host email*   *Faculty Host phone*

_____   _____   _____
Department Contact   *Department Contact email*   *Department Contact phone*

I have read and understood the information in the VT Host – J-1 section of GSS's website and will abide by all immigration regulations and university guidelines. I will notify GSS of changes in the J-1's program. All information herein is correct to the best of my knowledge.

_____   _____
Faculty Host Signature   *Date*

SECTION III: Current Institution Information -- to be completed by J-1 Scholar's Current Institution's RO/ARO

_____   _____
Name of Current Institution   *Current Institution J-1 Program Number*

                                                   from: _____ to: _____
_____   _____   _____
Exchange Visitor's SEVIS number *EV's start date/initial entry into U.S.*   *Dates of EV's current program at your institution*

_____   _____
Current DS-2019 Field/Subject Code   *Area of Research*

                                   ☐ yes   ☐ no   ☐ yes   ☐ no
_____   *Is the EV subject to 212(e)?*   *Has the EV applied for a waiver?*
Transfer Effective Date (VT's EV Program #: P-1-00071)

_____   _____   _____
RO/ARO Name and Title   *RO/ARO Email*   *RO/ARO Phone*

I certify to the best of my knowledge that the J-1 EV noted above is in status according to DOS regulations and eligible for a transfer.

_____   _____
RO/ARO Signature   *Date*