SJSU SAN JOSÉ STATE UNIVERSITY

J-1 EV Transfer-In Request

Please submit this form along with the DS-2019 request to ISSS at <u>international-office@sjsu.edu</u> for processing. Attach copies of previous DS-2019(s).

SECTION A. Exchange Visitor Program Information. To be completed by the J-1 EV.			
Family/Last Name(s):		Given/First Name(s):	
Date of Birth (mm/dd/yyyy):		Gender:	Male 🗌 Female
SEVIS ID:	Current Program Dates (fro From: To:		J Category: (Professor/Research Scholar/Specialist)
CIP Code on DS-2019:		Current Field of Study/Research:	
Current Host Department and Institution:		Current Sponsoring Faculty:	
I hereby authorize my SEVIS record to be transferred to San Jose State University on the given release date. I understand that I need to report to a Responsible Officer (RO)/Alternate Responsible Office (ARO) at SJUS within 15 business days of the new program start date to check-in and complete mandatory orientation.			
Signature:		Date:	
SECTION B. Current Program Sponsor Information. To be completed an A/RO at the EV's current program sponsor			
SEVIS Transfer Release Date:			
Institution Name:		Program Number:	
As an A/RO I hereby attest that the Exchange Visitor noted above is eligible to transfer to San Jose State University and the information provided is true and accurate.			
A/RO Signature:		Name and Title:	
Email:		Telephone Number:	