INTERNATIONAL SCHOLAR TRANSFER CLEARANCE FORM

USCIS requires ISSS to collect the following information to process your transfer to UAB. Please complete the information in Section I and submit this form to an Immigration Advisor, RO, or ARO at the US institution with which you are currently affiliated.

SECTION I – TO BE COMPLETED BY THE SCHOLAR

Name ___________________________________________________________________________ (please print) Last/Family First/Given Names

Phone ___________________________ Email ________________________________

Date you will begin your J-1 activities at UAB __________________________

Desired SEVIS transfer date __________________________

I authorize my present Immigration Advisor, RO, or ARO to provide the information in Section II below.

____________________________________________

Scholar signature ___________________________

Date ________________________________

SECTION II – TO BE COMPLETED BY AN IMMIGRATION ADVISOR, RO, or ARO AT YOUR CURRENT US INSTITUTION

The above-named scholar has requested to transfer to UAB. Please complete the information below and submit to:

UAB Office of International Student and Scholar Services

issss@uab.edu

J-1 Program Number: P-1-01541

SEVIS Number ___________________________________ SEVIS release date ______________

Category marked in #4 of DS-2019 __________________________ J-1 program number ______________ Length of time in the US __________________________

Please mark the appropriate statement:

_____ The scholar is in good standing and is/has been pursuing the activities for which the DS-2019 was issued.

_____ The scholar is out of status, and we filed for reinstatement on (date) __________. (Please attach copies of documents filed with USCIS.)

_____ The scholar is out of status.

_____ The scholar has _____/has not _____ been involved in disciplinary action.

Would the scholar otherwise be eligible to continue research in your institution’s J-1 program? Yes _____ No _____

If no, why is the scholar unable to continue? Loss of funding _____ Lab layoffs _____ Other ______

Signature of RO/ARO ___________________________________ Date __________________

Name and Title ___________________________________ Email ________________________________

Institution ___________________________________

Phone (____) ________________________________