INTERNATIONAL SCHOLAR TRANSFER CLEARANCE FORM

DOS 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 your current US institution.

Section I – TO BE COMPLETED BY THE J-1 EXCHANGE VISITOR

Name (as it appears on passport) __________________________
(please print) Last/Family First/Given Name(s)
Phone __________________________ Email __________________________

Date you will begin your activities at UAB __________________________
Desired SEVIS transfer date __________________________

I hereby 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/ARO AT YOUR CURRENT US INSTITUTION

The above-named scholar has requested to transfer to UAB. Please complete the information 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 __________________________

J-1 Category (as marked on box #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 reinstatement on __________ [date]. Please attach copies of the documents filed with the Department of State.
☐ 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 __________________________ Institution __________________________
Email __________________________
Phone __________________________