



J-1 TRANSFER IN NOTIFICATION FORM

INSTRUCTIONS: To be completed by the J-1 Exchange Visitor (EV) wishing to transfer current program sponsorship at another institution to Cedars-Sinai Medical Center (CSMC). This transfer should be requested before the effective date of transfer, and no later than the ending date on the current DS-2019.

Please complete Section A of this form. Section B should be completed by the International Scholar Advisor at your current institution. After both sections are completed, please return this form to the sponsoring department at CSMC to be included with the CSMC DS-2019 Application. PLEASE NOTE THAT YOU MUST REPORT TO VISA & INTERNATIONAL SERVICES ADMINISTRATION (VISA) OFFICE UPON YOUR ARRIVAL AT CEDARS-SINAI MEDICAL CENTER TO COMPLETE THE J-1 TRANSFER PROCESS.

SECTION A: TO BE COMPLETED BY THE TRANSFERRING J-1 SCHOLAR

1. Last Name:	First Name:	Middle Name:
2. E-mail:		3. Date of Birth (mm/dd/yy):
4. Requested Transfer Effective Date:	5. SEVIS ID Number:	9. Name of Current Institution/Organization:

I authorize my current institution/organization to provide the information requested in Section B of this form to Academic Human Resources/VISA office at Cedars-Sinai Medical Center, and request that my program sponsorship be transferred to Cedars-Sinai Medical Center. I understand that I must report to the J-1 Responsible Officer/Alternate Responsible Officer with the new program sponsor within 10 days after arriving at the new location. If I do not report within 10 days, I understand that my SEVIS record will be terminated, and I may be out of status.

J-1 SCHOLAR SIGNATURE SIGN HERE	DATE

SECTION B: TO BE COMPLETED BY THE CURRENT J-1 SPONSOR

The Exchange Visitor listed above has expressed a desire to transfer from your Exchange Visitor program to Cedars-Sinai Medical Center. Please review the information and if approved, please process the "TRANSFER OUT" event in SEVIS to Program # P-2-03215. If the transfer cannot be approved as requested, please contact our office.

6. Has this scholar maintained valid J-1 status while under your sponsorship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO, please explain:
7. Is this scholar eligible for transfer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Transfer Out Date:		
10. ARO/RO Name	Phone Number:	E-Mail:
ARO/RO SIGNATURE SIGN HERE	TITLE	DATE