



J-1 IMMIGRATION TRANSFER IN FORM
For International Scholars/Students Transferring From
Another U.S. Institution to American University



Instruction for Scholars/Students: Please complete the following steps to obtain your Transfer DS-2019

Step 1: Complete SECTION I of this form below, sign and date it.

Step 2: Have your current U.S. institution complete SECTION II of this form and send it to the International Student and Scholars Services (ISSS) office at American University by fax at (202) 885-3354 or email at jlev@american.edu.

SECTION I To Be Completed by Scholar/Student

I give permission to the U.S. institution listed in Section II to release the information necessary to complete my immigration transfer to American University.

Name (Mr./Ms): _____
(as it appears on your passport) Surname/last first middle

Country of Citizenship: _____ AU ID#: _____

Telephone: _____ Email: _____

Date of Birth: _____
MM/DD/YYYY

Proposed dates of program at American University from _____ to _____

Proposed Subject/Field Code Description at American University _____

SECTION II To be completed by a Responsible Officer or Alternate Responsible Office at Your Current School:

Please indicate the date of when you plan to transfer the student or scholar's SEVIS immigration record to American University:

SEVIS RELEASE DATE (REQUIRED)*: _____ Month/Day/Year * Do not sign this form without a date

NOTE: To transfer an immigration record to AU in SEVIS, please look under the "T" for THE AMERICAN UNIVERSITY (American University program code: P-1-00835)

Scholar/Student SEVIS Number: _____ Dates of Participation in Your Program: _____

Subject Description at your Institution: _____

HAS THE SCHOLAR/STUDENT ACTED IN ACCORDANCE WITH THE USCIS REGULATIONS?

- YES
- NO. Please explain: _____

HAS THE STUDENT MET THE FINANCIAL OBLIGATION TO YOUR INSTITUTION? (not applicable for scholars)

- YES
- NO. Please explain: _____

HAS THE STUDENT RECEIVED AUTHORIZATION FOR ACADEMIC TRAINING? (not applicable for scholars)

- NO
- YES. Dates: _____

U.S. Institution: _____ J-1 Program Code: _____

Name of RO/ARO: _____ Signature of RO/ARO: _____ Date: _____

Email: _____ Telephone: _____