

# Illinois Institute of Technology

**Office of Global Services**  
3201 S. State Street  
MTCC, Room 203  
Chicago, IL 60616  
Phone: (312) 567-3680  
Fax: (312) 567-3687

## **SEVIS Transfer IN For J-1 Scholars**

### **SECTION A: THIS SECTION TO BE COMPLETED BY TRANSFERRING SCHLAR (Please PRINT clearly)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please list the Illinois Institute of Technology School/Department to which you have been appointed.

School/Department: \_\_\_\_\_ Departmental Contact: \_\_\_\_\_

*By signing below, I authorize the International Scholar Advisor at my previous school to release the requested information to the Illinois Institute of Technology (IIT) in order to facilitate my transfer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **SECTION B: THIS SECTION TO BE COMPLETED BY INTERNATIONAL SCHOLAR ADVISOR (RO/ARO) AT YOUR CURRENT SCHOOL**

The scholar named above has notified us of his/her intent to transfer to Illinois Institute of Technology. Please complete the following and return to the IIT Office of Global Services. Thank you for your assistance in this matter!

1. Name of Institution: \_\_\_\_\_ E.V. Program #: \_\_\_\_\_

2. Exchange Visitor's SEVIS ID #: \_\_\_\_\_

3. Exchange Visitor's Start Date/Initial Entry to the U.S.: \_\_\_\_\_

4. Dates of Current E.V. Appointment at Your Institution: From \_\_\_\_\_ To \_\_\_\_\_

5. J-1 Category:  J-1 Short Term Scholar  J-1 Research Scholar  J-1 Professor

6. CIP Code on Current DS-2019: \_\_\_\_\_ Field of Study/Research: \_\_\_\_\_

7. Program completion date on DS-2019 \_\_\_\_\_

8. Is the student in good standing with DOS and eligible for J-1 transfer? [ ] yes [ ] no. If no, please explain: \_\_\_\_\_

9. Date of transfer release in SEVIS: \_\_\_\_\_ (Please note IIT's E.V. Program # P-1-00266)

10. Additional Remarks: \_\_\_\_\_

Name & Title of (Alternate) Responsible Officer \_\_\_\_\_

Institution, Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_