

Instructions:

- This form must be filled out by the Exchange Visitor who wishes to transfer his/her J-1 status to Rice University, the RO/ARO from his/her current Academic Institution, and Rice Academic Department inviting the Exchange Visitor.
- The Exchange Visitor Transfer-In Request Form and all required documents to issue a new DS-2019 must be submitted at least 45 days prior to Rice's program start date. Required documents for a DS-2019 can be found at <http://oiss.rice.edu/jscholar>. This form must be submitted by Rice Academic Department to OISS as soon as it is completed.
- For any questions related to transferring to Rice University, please contact OISS at oiss@rice.edu or 713-348-6095. Transfer immigration regulations can be found in [22 C.F.R. § 62.42].

Please note:

- All Exchange Visitors must check-in with OISS on the start date of their program at Rice University, to process and finalize the transfer within SEVIS. Please contact your Rice Academic Department to schedule a check-in appointment with OISS.
- The Exchange Visitor must maintain his/her health insurance that meets J-1 requirements at all time.

Section A: To be filled out by the Exchange Visitor

Family Name (as written on passport)		First/Middle Names (as written on passport)	
Date of Birth (mm/dd/yy)	Email Address	Telephone Number	
Do you plan to travel outside of the U.S. before coming to Rice? Yes No		If Yes, please explain: _____	
Are you subject to 212(e)? Yes No	Have you applied for a 212(e) waiver? Yes No If Yes, what was the result? Approved Denied		
Transferring with Dependents? Yes No If Yes, how many? _____	Rice Academic Department		
Prior to OISS issuing a Form DS-2019, the RO/ARO at your current Academic Institution must complete the information below regarding your immigration status. Your signature below indicates that you are authorizing the RO/ARO at your current Academic Institution to provide the information below.			
Date (mm/dd/yy)		Signature	

Section B: To be filled out by RO/ARO of current Academic Institution

Academic Institution Name		SEVIS Program Number	
Exchange Visitor's SEVIS ID		Date of Transfer (mm/dd/yy)	
Start Date at Current Program (mm/dd/yy)		End Date at Current Program (mm/dd/yy)	
J-1 Category Research Scholar Professor Short-Term Scholar Specialist			
Current DS-2019 Subject/Field Code		Subject/Field Code Remarks	
To your knowledge, has the student/scholar acted in accordance with DOS regulations? Yes No		If No, Please Explain:	
RO/ARO Name	Phone Number	Email Address	
Date (mm/dd/yy)		RO/ARO Signature	

Section C: To be filled out by Rice Academic Department

Start Date at Rice (mm/dd/yy)	End Date at Rice (mm/dd/yy)
Please explain how the Exchange Visitor will continue or complete the objective of his/her current J-1 visa at Rice University.	
Name	Title
Email Address	Phone Number
Date (mm/dd/yy)	Signature