Cornell University

Cornell University
B-50 Caldwell Hall
Ithaca, NY 14853

Telephone: 607 255-5243
Fax: 607 255-2778
Web: www.isso.cornell.edu

International Students and Scholars Office

Transfer-In to Cornell University
J-1 Scholars

INSTRUCTIONS: Incoming J-1 Scholars should complete Part 1 of this form. You should request the international scholar advisor of your current J-1 Exchange Visitor program at your academic institution's international office to complete Part 2 and return this form by FAX to 607:255-2778, Attn: Exchange Visitor Program

We cannot issue a Form DS-2019 from Cornell until this form is completed and returned and your SEVIS record **release date** is reached. Once you are issued a Form DS-2019 from Cornell, you must report to Cornell's International Students and Scholars Office within 10 days of the start date on your Form DS-2019 to have your transfer processed and for completion of an I-9 Employment Eligibility Form.

Part 1: To be completed by the transferring J-1 scholar (type or print)

Name: _____
Family / surname First / given name Middle name

Date of Birth: _____ Country of citizenship: _____
Month / day / year

Current US Address:_____
Street 1 Street 2 City State Zip

Email address: _____ Telephone Number: _____
Cornell school / department to which you have been appointed: _____

Cornell department contact name: _____ Phone: _____

I give permission for the information provided on this form to be forwarded to Cornell's International Students and Scholars Office.

Scholar's signature: _____ Date: _____

PLEASE NOTE: Travel outside the United States using Cornell's visa document will not be possible until the **SEVIS release date** as noted below in Part 2, as we will be unable to access your SEVIS record until that date.

Part 2: To be completed by the International Scholar Advisor (RO /ARO)

Name of institution: _____ E.V. Program Number: _____

Exchange Visitor's SEVIS ID #: _____Exchange Visitor's start date / first entry to the US: _____

Start and end dates of E.V. current appointment at your institution: _____

SEVIS transfer release date: _____ Please note Cornell's Exchange Visitor Program #: **P-1-00043**

This form completed by:

Name of RO or ARO: _____ Title: _____
Telephone: _____ Email: _____

Signature: _____ Date: _____