



J-1 NON-STUDENT TRANSFER IN REQUEST FORM

International Services Office

This form should be completed by J-1 non-student holders who have accepted a position at LSU HSC-New Orleans but are currently in a J program at another SEVIS Institution. Please complete the information below and return to International Services Office, with required signatures at least 30 days prior to the requested transfer date.

If you have any questions about this form please contact Remy Allen at rall11@lsuhsc.edu or (504) 568-4802.

SCHOLAR INFORMATION To be completed by Scholar requesting transfer

First Name Last Name

Date of Birth (mm/dd/yyyy) Email Address

LSU HSC Sponsoring Faculty Member

CURRENT SPONSOR INSTITUTION INFORMATION To be completed by RO/ARO

Name of Institution

Institution EV Program Number

Start and End Dates of Scholar's J-1 Program (mm/dd/yyyy)

Dates of Scholar's Current J-1 Appointment at your Institution From (mm/dd/yyyy) To (mm/dd/yyyy)

Field Code on Current DS-2019 Field of Study/Research

Current J-1 Category Research Scholar Short Term Scholar Specialist Other
Please specify

Requesting Scholar's SEVIS ID Number

To the best of your knowledge is this scholar in valid J-1 status and eligible for transfer? YES NO

If No, please explain

Please attach the position/job description for the requesting scholar's current position with your institution or provide a description of the activity/research the scholar is conducting at your institution.

Will the transfer include any J-2 dependents? YES NO

If YES, please include names, date of birth and SEVIS ID Numbers for Each J-2 Dependent

Has the J-1 scholar maintained the required level of health insurance including coverage for any J-2 dependents also in the U.S.? YES NO

Please indicate the date on which the scholar and dependents' current insurance coverage will expire.

mm/dd/yyyy

For transfers within the LSU System, please indicate the employee plan selected by the scholar, if applicable.

LSU FIRST Option 1 LSU FIRST Option 2 HMO PPO CD-HSA

LSU Health Sciences Center New Orleans EV PROGRAM NUMBER IS P-1-10036

SEVIS Transfer Release Date:

Month

Day

Year

Name of RO/ARO completing form

Title

Phone

Email

Signature of RO/ARO

Date (mm/dd/yyyy)