**J-1 SCHOLAR TRANSFER-IN ELIGIBILITY FORM**

**School Code for UC Denver J-1 program: P-1-03858**

**Section I:** To be completed **by scholar**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last/Family Name) (First Name) (Middle Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Country of Citizenship) (J-1 Scholar Position at Current Institution) (SEVIS ID Number)

**I hereby authorize the International Scholar Advisor (or equivalent campus official) to provide the information below as part of my request to transfer to the University of Colorado Denver**

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

**Section II:** To be completed by **Responsible Officer (RO) or Alternate Responsible Officer (ARO)**

Program Start Date on Current DS-2019: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Completion Date on Current DS-2019: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEVIS release date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

J-1 Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply

This scholar is subject to 212(e); scholar  has or  has not been granted a waiver

This scholar is in good standing and is eligible for transfer

This scholar is out of status and must file for reinstatement; scholar  has or  has not been advised of status.

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(RO/ARO Signature) (Name of RO/ARO) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title of RO/ARO) (School Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(School Address) (Email Address) (Telephone Number)

Please return form directly to: **University of Colorado Denver**

**Office of International Affairs, ISSS**

**Campus Box 185, P.O. Box 173364**

**Denver, CO 80217**

**Phone: (303) 315-2230 Fax: (303) 315-2246**

**E-mail: ISSS@ucdenver.edu**