Harvard International Office
1350 Massachusetts Avenue, Holyoke Center Room 864
Cambridge, MA 02138 tel: (617) 495-2789 fax: (617) 495-4088
www.hio.harvard.edu

Transfer-In to Harvard University
J-1 Scholar Transfer-In Form

INSTRUCTIONS: Incoming scholars with full-time appointments at Harvard who are currently in the United States at other institutions in J-1 visa status, must complete Part I of this Form. Part II of the Form must be completed by an international scholar advisor at your current academic institution. Please return the completed Form to the contact person in the Harvard department to which you have been appointed. The Harvard International Office is not able to issue you a Form DS-2019 until your current institution releases your SEVIS record on or after the date indicated below as transfer release date. Once you are issued a Form DS-2019 from Harvard, you must report to the Harvard International Office within 15 days of the start date on your Form DS-2019 to have your transfer process completed.

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

Name: _____
Family / surname First/given Middle name

Date of Birth: _____ Country of Citizenship: _____

Current residential address: _____

Do you have J-2 dependents? ☐ Yes ☐ No

Are your J-2 dependents in the United States now? ☐ Yes ☐ No

Email address: _____ Telephone: _____

Harvard school / department to which you have been appointed: _____

Harvard department contact name: _____ Telephone: _____

PLEASE NOTE: Travel outside the United States using Harvard's DS-2019 will not be possible until after the SEVIS release date as noted below in Part II, as we are unable to access your SEVIS record until that date. If you plan to travel, please consult an advisor at the Harvard International Office

I gave permission for the information provided on this form to be forwarded to Harvard International Office.

Scholar's signature: _____ Date: _____

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

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

Exchange's Visitor's SEVIS #: N_____

Exchange's Visitor's start date / first entry to the United States: _____

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

CIP code on current DS-2019: _____ Field of Study/ Research: _____

J-1 Category: ☐ Research Scholar ☐ Short-term Scholar ☐ Professor ☐ Other: _____

SEVIS transfer release date: _____ Are there any dependents in the E.V.'s SEVIS record? ☐ No ☐ Yes
Please note Harvard's E.V. Program#: **P-1-00124**

To the best of your knowledge, is the scholar noted above in status according to DOS regulations and eligible for a transfer?
☐ Yes ☐ No If no, please provide explanation in comment section below.

_____

Completed By:

Name of RO / ARO: _____ Title: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____