



Scholar Transfer-In Verification Form

To Be Completed by Scholars Transferring to Brandeis University:

Family Name: _____ Given (First) Name: _____
Current U.S. Address: _____
Preferred Email Address: _____
Host Department at Brandeis University: _____
Appointment Start Date: _____ Completion Date: _____

I hereby grant permission for the information provided on this form to be forwarded to Brandeis University.

Signature

Date

To Be Completed by the International Student/Scholar Advisor (P/DSO or A/RO) at current institution or employer:

The scholar named above has notified us of his/her intent to transfer to Brandeis University. In accordance with the Department of State and Department of Homeland Security regulations, we request that you confirm his/her status so that we may process a transfer in SEVIS. Please note for J-1 visa transfers, the Program Number for Brandeis University is: P-I-01781. Thank you for your assistance.

Full Name (as listed in passport): _____
Date of Birth: _____ Country of Citizenship: _____
MM/DD/YYYY
Visa Type: _____ I-94 #: _____ I-94 expiration date: _____

If scholar is currently on F-1 Optional Practical Training, please list degree level, major field of study, and validity dates of Employment Authorization Document: _____

Please indicate the length of employment at your institution (years, months): _____

Is/was the scholar maintaining status/employment at your institution [] Yes [] No

To the best of your knowledge, is the scholar in status according to immigration regulations and eligible to transfer?

[] Yes [] No

If no, please explain and provide information about any reinstatement applications that have been or will be filed:

Additional Information for J-1 Exchange Visitors:

Specify Category: _____ SEVIS ID#: _____
Name of Sponsor: _____ Program Number: _____
Time completed in this J status (years, months): _____
List any periods of Academic Training: _____
Expiration date of Certificate of Eligibility (DS-2019): _____ SEVIS Transfer Release Date: _____
Additional Comments: _____

Signature of P/DSO or A/RO

Name and Title (Please Print)

Date

Name and address of Institution

Telephone Number

Please return this form to the address listed below and if available, please enclose copies of the relevant visa documents, passport, I-94, EAD card, or H-1B approval notice (if applicable). Thank you again for your assistance.

International Students and Scholars Office Brandeis University Mailstop 040 415 South Street Waltham, MA 02454
Kutz Hall Room 215 Phone: (781) 736-3480 Fax: (781) 736-3484 e-mail: isso@brandeis.edu www.brandeis.edu/isso