J 1 SCHOLAR TRANSFER IN



OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS

Phone: 517.353.1720 | Fax: 517.355.4657 E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

INTERNATIONAL SCHOLAR

Please complete Section A of this form, then the international scholar advisor at your current institution **must** complete Section B.

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SECTION A THIS SECTION TO I	BE COMPLETED BY T	THE J 1 SCHOLA	R		
Surname:		Given Name(s):			
Date of Birth:		Email:		Phone:	
Current Mailing Addre	ess:				
City:		State:		Zip Code:	
Requested Transfer-In	Date:				
Do you have any J-2 dependents whose records are currently active in SEVIS? Yes No					
SECTION B THIS SECTION TO I	-1 scholar/professor name	THE CURRENT I	NSTITUTION'S INTERN	ATIONAL ADVISOR (A/RO) ate University (MSU). Your to submit to the prospective MSU	
department. Requested SEVIS Release Date:			SEVIS ID Number: N		
J-1 Visa Category:	Research Scholar	Professor	Short-Term Scholar	Other:	
Current Program Date	s: -				
Category Field Code a	and Description:				
Current Funding Amo	unt and Sources:				
Institution Name:			A/RO Name:	A/RO Name:	
Phone:			Email:		
A/RO Signature:			Date:		