

Signature: \_\_\_

## Office of International Student & Scholar Services

J. Walter Wilson, Suite 510 69 Brown Street, Box 1906

 69 Brown Street, Box 1906
 Phone 401-863-2427

 Providence, RI 02912
 Fax 401-863-7543

 Email: <a href="mailto:oisss@brown.edu">oisss@brown.edu</a>
 <a href="mailto:www.brown.edu/oisss">www.brown.edu/oisss</a>

## J-1 Scholar Transfer Eligibility Verification

- J-1 Scholars <u>transferring out</u> of Brown University: attach a copy of your appointment letter from your new institution (Section I & II)
- J-1 Scholars <u>transferring in</u> to Brown University: attach a copy of your current DS-2019. Your sponsoring department at Brown University should complete a Request for DS-2019 form and this request along with your appointment letter to OISSS. (Section I and III)
- Submit this form along with supporting documentation to OISSS by fax: 401-863-7543 or email oisss@brown.edu

Section I: To be complete	ted by the scholar:		
Please attach a copy of the appoin	tment letter you received from your new institu	ution	
Name:	First	 Middle	
Date of Birth:	(month/day/year) Email:		
Department at Brown Univers	ity:		
I hereby authorize the information	n in section II.) or III.) to be released by/to Bro	own University.	
Signature			
	Date:		
	rs Out of Brown University: onal Scholar Advisor at your new institution (F	RO/ARO)	
SEVIS Program Number:	SEVIS release date	<b>::</b>	
Name of RO or ARO:	Title:		
Telephone:	Email:		
Signature:	Date:		
		_	
Section III: For Transfe	r in to Brown University:		
To be completed by the Internation Brown University's Exchange Visite	onal Scholar Advisor (ARO) at your current in or Program #: P-1-00135	<u>stitution</u>	
Name of Institution:	SEVIS Program	Number:	
Exchange Visitor's SEVIS ID	#:Title of Position:	s	
SEVIS Release Date:	Field of Study/ F	Research:	
Name of RO or ARO:	Title:	Title:	
Telephone:	Email:		

Date: \_\_