

Request to Transfer IN Program# P-1-03356

Please return via email to <u>Faculty Immigration Services</u> or return via campus mail at the address below

Faculty Immigration Services Old Main #201, Dept 2000 (701) 231-9486 (office)

The exchange visitor below has expressed a desire to transfer **from** your program sponsorship **to North Dakota State University (NDSU)**. Please review the information provided and if you agree with the transfer, please indicate such on the visitor's SEVIS record. If the transfer cannot be completed as requested, please contact me by phone and/or e-mail at amy.knudson.1@ndsuedu or (701) 231-9486.

EXCHANGE VISIT	TOR INFORMATION			
Last/Surname	First/Given Name			
SEVIS number	Date you first entered the US in J-1 status (per I-94)			
Current Program Dates	on DS-2019 Begin Date End Date			
*Provide copies of AL NDSU Invitation/ Hire	L immigration documents (all DS-2019s, passport, visa + stamp, current l-94 arrival record), letter			
Name of NDSU Host Faculty Member				
Brief description of research activities while at NDSU				
Waiver of Home Coun	try Residence Requirement*			
Have you ever applied f	for the waiver of the "Two Year Home Residence Requirement", 212(e)?			
O NO O YES				
*NOTE: If YES, J1 st	tatus <u>cannot</u> be extended after a recommendation for a waiver has been issued.			
Financial Support	NDSU Salary (employee)			
(check all that apply)	NDSU stipend (partial financial support from NDSU)			
	Support from home government or home university			
	Other			
My signature confirms t	hat I am requesting that my program sponsorship be transferred to North Dakota State University.			
	relocate to NDSU until Faculty Immigration Services has confirmed that we have received your ctions will be provided after your transfer request has been received/processed by NDSU.			
Exchange Visitor's Sign	ature Date			



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CURRENT PROGRAM SPONSOR

If the above information is correct and the exchange visitor is in good standing with your program, please transfer to **North Dakota State University (Fargo, ND) at P-1-03356.**

Effective Date of Transfer:	
Printed Name and title of RO/ARO	
(Electronic) Signature of RO/ARO	Signature Date
Email Address	Office Telephone Number