INTERNATIONAL SCHOLAR TRANSFER CLEARANCE FORM

USCIS requires the Office of International Students & Scholars (ISS) to collect the following information to process your transfer to the University of Montana (UM). Please complete the information in Section 1 and submit this for to the Immigration Advisor, RO, or ARO at the U.S. institution with which you are currently affiliated.

SECTION 1 – TO BE COMPLETED BY THE SCHOLAR

Surname/Last Name: ________________________ First/Given Name:___________________________________

Phone: ____________________________ Email:_____________________________________________________

Date you will begin your program at UM: ________________________

Desired SEVIS transfer date: __________________________________

By signing below, I authorize my present Immigration Advisor, RO, or ARO to provide the information in Section 2 below.

Scholar Signature: ______________________________   Date: _________________________

SECTION 2 – TO BE COMPLETED BY AN IMMIGRATION ADVISOR, RO, OR ARO AT YOUR CURRENT U.S. INSTITUTION

The above named scholar has requested to transfer to the University of Montana (UM). Please complete the information below and submit to:

Caroline McLean
Assistant Director, PDSO/RO
International Students & Scholars
caroline.mclean@mso.umt.edu
J-1 Program Number: P-1-01998

Scholar SEVIS number: ___________________________ SEVIS release date: _______________________

Current exchange visitor category:______________________________

Current J-1 program number: __________________________  Length of time in U.S.________________________

Please mark the appropriate statement:

○ The scholar is in good standing and has been pursuing the activities for which the DS-2019 was issued

○ The scholar is out of status, and we filed for reinstatement on the following date: ___________________

○ The scholar is out of status

○ The scholar has ___ /has not____ been involved in a disciplinary action.

Would the scholar otherwise be eligible to continue their J-1 program at your institution?  ☐ Yes  ☐ No

If No, why is the scholar not eligible? _____________________________________________________________

Signature of RO/ARO:_________________________________________ Date:______________________________

Printed Name & Title:_________________________________________ Email:______________________________

Name of Institution: _________________________________________ Phone:__________________________________