



# CISP

J-1 Transfer-In  
Updated 12/2022

## Center for International Services and Programs

This form is used to request a SEVIS-to-SEVIS transfer in the same or similar subject field for which the Exchange Visitor was originally admitted. Cleveland State University does not accept terminated or inactive J-1 records.

### PART 1: TO BE COMPLETED BY TRANSFERRING J-1 EXCHANGE VISITOR

Surname (Last): \_\_\_\_\_ First Name(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### I am requesting a transfer from the following institution:

Name of Institution/ Program sponsor: \_\_\_\_\_

Program Number: \_\_\_\_\_ Requested SEVIS Transfer Date: \_\_\_\_\_

Field of research/teaching activity at current institution: \_\_\_\_\_

ARO/RO Name at current institution : \_\_\_\_\_

ARO/RO Email Address: \_\_\_\_\_

*If you are you subject to the 212e Home Residence Requirement, have you submitted a request to the U.S. Department of State for a waiver of that requirement?*

- Yes  
     If yes, it has been  Approved  Denied  Pending
- No

*I agree to include with this form:*

- Copies of my most recent DS-2019 and J-1 visa stamp
- If applicable, copy of Department of State Waiver Recommendation
  - If applicable, copy of USCIS Waiver (I-612 Approval Notice)

I understand that I must report to the J-1 Responsible Officer/Alternate Responsible Officer at Cleveland State within 7 days of arriving on campus. If I do not report within 7 days, I understand that my SEVIS record may be terminated, and I would be out of status.

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

### PART 2: TO BE COMPLETED BY CURRENT RO/ARO OF CURRENT INSTITUTION

The transfer has been approved and entered in SEVIS for an effective date of: \_\_\_\_\_

Signature of RO/ARO \_\_\_\_\_ Date \_\_\_\_\_

Cleveland State University's Program number is **P-1-05026**



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U.S. government regulations require all J-1 Exchange Visitors obtain medical insurance, repatriation of remains insurance and medical evacuation insurance. Cleveland State University will be providing medical insurance for you and your eligible dependents as an eligible employee. However, you must purchase your own medical evacuation insurance and repatriation of remains insurance (for yourself and any J-2 dependents) which meets the following requirements:

- (1) repatriation of remains in the amount of \$25,000;
- (2) expenses associated with medical evacuation of the exchange visitor(s) to their home country in the amount of \$50,000.

Proof of insurance must be provided at J-1 check-in and orientation in the Center for International Services and Programs.