INTERDEPARTMENTAL TRANSFER REQUEST FORM

J-1 Exchange Visitors may be authorized to change departments as long as there are no major changes in the EV’s initial research objectives at UCLA. The prospective academic department must submit this form along with one letter of support. The letter should address that there are no major changes in the EV’s initial research objective. By signing below, both current and prospective faculty supervisors are in full support of the transfer.

Exchange Visitor Name: ____________________________________________
Last Name                                                      First Name

SEVIS ID#: N_________________________________ Email Address: _______________________________

Primary Telephone #: ______________________________________________________________________

PROGRAM INFORMATION:

Current UCLA Department Name:_____________________________________________________________

Desired Date of Transfer:____________________________________________________________________

Current  Appointment Date (mm/dd/yyyy) From:_____________________ To:__________________________

CURRENT UCLA FACULTY SUPERVISOR:

Name:_____________________________________________________ Title:_________________________

Email Address: ___________________________________________________________________________

Signature:_________________________________________________ Date:__________________________

PROSPECTIVE ACADEMIC DEPARTMENT INFORMATION:

UCLA Department Name: ___________________________________________________________________

Street Address:_______________________________________________________Room #:_____________

City:___________________________________ State:___________ Postal Code: ______________________

PROSPECTIVE UCLA FACULTY SUPERVISOR:

Name:_____________________________________________________ Title:_________________________

Email Address: ___________________________________________________________________________

Signature:__________________________________________________ Date:_________________________

FOR OFFICE USE ONLY

INIT: ___________            DATE: _____________________

Note □  Health Insurance □  Address □  Orientation □  Enrollment □  Holds □