

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	<i>INIT:</i> _____	<i>DATE:</i> _____				
<input type="checkbox"/> Note	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Address	<input type="checkbox"/> Orientation	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Holds	