

SEVIS F-1 Student Pre-Transfer Information Form

Dear Student:

You must complete this form if:

- You are inside the United States, *and*
- You currently hold F-1 student visa status or are on Optional Practical Training (OPT), *and*
- You plan to transfer your SEVIS record to the University of St. Thomas

Your SEVIS record will not be transferred until all of the following steps occur:

You are admitted to your program at the University of St. Thomas.

You turn in **all** supplemental documents required by International Recruiting and Admissions including, but not limited to, this form.

You show your International Student Advisor your admission letter from your program.

A St. Thomas Designated School Official (DSO) contacts your International Student Advisor and confirms that St. Thomas is ready to accept your SEVIS record.

If you have lost your admission letter:

- Undergraduate applicants: Contact International Recruiting and Admissions
- Graduate applicants: Contact your graduate program

After you receive your St. Thomas I-20, you must attend a SEVIS Registration and Check-In appointment at International Student Services (ISS), where your SEVIS transfer will be completed. Immigration regulations require that you complete this process within 15 days of the start date on your St. Thomas I-20.

Contact 1-651-962-6650 or ois@stthomas.edu to schedule your appointment.

Please bring the following documents to your SEVIS Registration and Check-In appointment:

- Your passport picture page
- Your visa picture page, if applicable
- Your I-94 card
- Your St. Thomas I-20
- Your I-20 from your current school (and any other schools you have attended in the United States)

Note: If you will be traveling outside the U.S. after your release date from your current school but prior to beginning classes at St. Thomas, complete this transfer process before you depart the US.

If you have questions about transferring your SEVIS record to St. Thomas or any other matter, please contact

University of St. Thomas SEVIS F-1 Student Pre-Transfer Information Form

Part 1: To be completed by the Student

Family Name: _____ First Name: _____

Street Address (in U.S.): _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ St. Thomas ID#: _____ SEVIS ID#: _____

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