



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, you **must** complete this transfer process before you depart the US. Failure to do so may prevent you from reentering the US.

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

Mail, fax, email or deliver in person to:

St. Thomas International Recruiting and Admissions · Mail #44C · 2115 Summit Avenue, St. Paul, MN 55105

Ph: (651) 962-6450 · Fx: (651) 962-5199 · international@stthomas.edu

SEVIS Institution Number SPM214F00191000 · www.stthomas.edu/admissions/international



Part 1: To be completed by the Student

Family Name: _____ First Name: _____

Street Address (in U.S.): _____

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

Date of Birth: _____ UST ID#: _____ SEVIS ID#: _____

Country of Birth: _____ Country of Citizenship: _____

I hereby authorize my current International Student Advisor to transfer my record to the University of St. Thomas after receiving confirmation from a St. Thomas Designated School Official (DSO).

Student Signature: _____ **Date:** _____

Part 2: To be completed by an International Student Advisor or Designated School Official



This form is not a request to transfer the student's SEVIS record to the University of St. Thomas.

Please **do not transfer** the student's SEVIS record until a St. Thomas Designated School Official (DSO) contacts you and confirms that St. Thomas is **ready to accept** the student's SEVIS record.

Please check one:

- Student has maintained status, and is eligible for transfer; she/he was registered for a full course of study the preceding term. Term: _____ Year: 20____
Recommended SEVIS Release Date: _____
- Student was authorized for post-completion OPT and is eligible for transfer.
Recommended SEVIS Release Date: _____
- Student did not register but physically reported; transfer is recommended.
Recommended SEVIS Release Date: _____
- Student was NOT registered for a full course of study during the preceding term. St. Thomas should advise the student to apply for reinstatement with Immigration and Customs Enforcement (ICE).

Name/Title of person completing this form: _____

Name of institution: _____

Address of institution: _____

City, State, Zip: _____

Telephone & Fax: _____

E-mail Address: _____

Advisor/Official Signature: _____ **Date:** _____

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