



Office of International Student Services

Transfer Out Recommendation Form

Dear International Student:

Your F-1 status and SEVIS record must be transferred the new school. Please note that only one school can control your SEVIS record. Consequently, it's important that your decision to attend the new school is firm before you submit this form to your current international student advisor for completion. Discuss the Transfer Release Date with your UST international Student advisor. If you have decided to attend the new school, please complete Section I of this form and take it to the OISS office or fax the completed form to the fax number listed below as soon as possible.

Please bring or fax the acceptance letter from your new school confirming your admission.

SECTION I

Name: _____
Last First Middle

Date of Birth: _____ Country of Citizenship: _____

Do you have dependents in the U.S. who hold F-2 status? _____ Yes _____ No
If you answered yes, it is important that you have included dependent information on the Financial Certification Form you have completed for the University of St. Thomas.

Transfer Release Date: _____ This date will be the date St. Thomas will release your SEVIS record to your new school. After this date, we will no longer be able to view your record in SEVIS. If you are on OPT, this will terminate any time you have left. Please make sure you are comfortable with this date.

SECTION II

To Be Completed by International Advisor/Designated School Official at Current School:

The above-named student intends to transfer to your university. We've completed the information below to assist in processing the transfer. Note: the transfer release date is the date the student intends to terminate enrollment and/or employment at our school. Thank you.

SEVIS ID# _____ Transfer release date in SEVIS _____
Student's Program of Study at Your School: ___BA ___MA ___PhD ___Other: _____

Has student had an Authorized Drop Below entered in SEVIS? ___Yes ___No
If Yes, please indicate reason: ___Academic Difficulty ___Final Term ___Medical (# of months medical ___)
Last Term/Year of Enrollment: _____ Is Student in Valid F-1 Status? ___Yes ___No
If the student is out of status does s/he have an application for reinstatement pending with BCIS? ___Yes ___No

Name of Person Completing This Form Title Date

Email Address Telephone Number

Name of School and Address

Received and made copy of Admission letter from student.