

**INSTRUCTIONS TO THE APPLICANT**

This information is required for issuance of the Form I-20 or DS-2019, the document you will need in order to secure an F-1 or J-1 visa at the United States consular post in your country of residence; change nonimmigrant status in the U.S. to F-1 student; or transfer to the University of St. Thomas from another SEVP - approved school in the U.S.

This form must be completed and returned to the Office of International Student & Scholar Services by email or in person (ASC218). **Please complete all applicable sections below. Required sections left incomplete will delay the issuance of the Form I-20 or DS-2019.** For more information, please contact International Student & Scholar Services at (651) 962-6654 or [oiss@stthomas.edu](mailto:oiss@stthomas.edu).

**Section A. Applicant Information**

Name (Official name exactly as it appears in passport):

Family Name	First Name	Middle Name
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Date of Birth: \_\_\_\_\_ St Thomas ID #: \_\_\_\_\_  Male  Female  
Month/Day/Year

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree Objective:  Master's  Doctorate  JD  Certificate

First semester at St. Thomas: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address Outside the U.S.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Address in U.S. (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_  
Include Country Code

Phone \_\_\_\_\_

**Section B. Reason for I-20/DS-2019 Request**

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|---|---|
| <input type="checkbox"/> New <b>I-20</b> to attend St. Thomas (currently not in the U.S.)<br><input type="checkbox"/> Change of Status from _____ to F-1 within the U.S.<br><input type="checkbox"/> New <b>DS-2019</b> to attend St. Thomas (currently not in U.S.)<br><input type="checkbox"/> Change in education level/New degree<br><br><input type="checkbox"/> Other (please explain): _____ | <input type="checkbox"/> New <b>I-20</b> to attend St. Thomas transferring from another U.S. school*<br><input type="checkbox"/> F-2 Dependent <b>I-20</b><br><input type="checkbox"/> New <b>DS-2019</b> to attend St. Thomas transferring from another sponsor<br><input type="checkbox"/> Return from Leave of Absence: _____<br><small style="margin-left: 150px;">Expected Return Semester</small> |
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\* Students currently in the U.S. in F-1 student status who wish to transfer their SEVIS record from another SEVP approved school must complete section G. – SEVIS Pre-Transfer Information Form (page 4).

**Section C. Financial Information**

2020-21 Estimated minimum costs of attending St. Thomas full-time for one academic year (9 months)

GRADUATE PROGRAM	TUITION	FEES*	LIVING COSTS	HEALTH INSURANCE	MISCELLANEOUS	BOOKS & SUPPLIES	TOTAL
College of Arts & Science	7500	305	9500	2272	2000	500	22077
College of Business	15054	305	9500	2272	2000	500	29631
Pastoral Studies	11250	305	9500	2272	2000	500	25827
Divinity (Seminary)	24572	305	9500	2272	2000	500	39149
Education (MA)	7920	305	9500	2272	2000	500	22497
Education (EdD)	10740	305	9500	2272	2000	500	25317
Engineering & Software	14364	305	9500	2272	2000	600	29041
Law (JD, LL.M)	43566	450	14000	2272	3775	1650	65713
Law (MSL)	17832	450	9500	2272	2000	500	32554
Psychology (MA)	9480	305	9500	2272	2000	700	24257
Psychology (PsyD)	22008	305	9500	2272	2000	700	36785
Social Work (MSW)	15990	305	9500	2272	2000	1000	31067
Social Work (doctorate)	13572	305	9500	2272	2000	1000	28649

The amounts indicated above are estimates; actual expenses may vary, for more information on tuition, fees and payment schedules visit <http://www.stthomas.edu/businessoffice/students/tuition/>

**Supporting financial documents** (bank statements or scholarship award letters) must be submitted along with this form with a sum of at least the total cost of attendance listed above. Statements can be no older than three (3) months old at the time of receipt.

**Section D. Dependent Information**

If your spouse or children will accompany you to the United States, you must provide proof of additional funding. Spouse: \$6,000; Child: \$3,000 per year. Please attach a copy of dependent's passport ID page.

Dependents (Spouse/Children) accompanying you to the U.S. Do not list dependents who hold U.S. passports or were born in the U.S.

Name of Dependent(s)	Date of Birth	Relationship	Country of Birth	Country of Citizenship
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**Section E. Sources of Financial Support****Sources of Financial Support:**

- Applicant's Personal Funds: \$ \_\_\_\_\_
- Funding from a Parent or Family Member \$ \_\_\_\_\_
- Funding from a Third-Party Sponsor \$ \_\_\_\_\_
- Scholarship awarded by the University of St. Thomas \$ \_\_\_\_\_
- Scholarship awarded by a Third Party (Government/ Private) \$ \_\_\_\_\_

**TOTAL** .....\$ \_\_\_\_\_ **USD**

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**Section F. Financial Certification of Sponsor** (Required of all students with funding from a parent, relative or private sponsor)

Name of Sponsor: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

I guarantee that the sum of (USDollars) \$ \_\_\_\_\_ will be available for the above named student for the first academic year at St. Thomas. The same amount will be provided for each subsequent year of study at St. Thomas.

Signature of Sponsor \_\_\_\_\_ Date: \_\_\_\_\_

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**Section G. Certification of Student**

I promise to provide the university with proof of approved health insurance at the minimum levels specified and/or purchase the approved policy available through the Health Services Office. I understand that providing false or misleading information can result in the denial of my application or my admission to St. Thomas being withdrawn.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# SEVIS Pre-Transfer Information Form

To be completed by student and DSO/International Advisor at current school

## Section H. SEVIS Pre-Transfer Information Form

**This section is only required for students currently in the U.S. who wish to transfer their SEVIS record from another SEVP approved school.** Please print this page and submit it to a designated school official or international student advisor at your current school for completion. The completed form should be scanned and emailed to [oiss@stthomas.edu](mailto:oiss@stthomas.edu).

St. Thomas School Code: **SPM214F00191000**

### Part 1: To be completed by the student

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

St Thomas ID #: \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_

*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

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:** \_\_\_\_\_