

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.

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 _____ Phone _____
Include Country Code

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

- | | |
|---|---|
| <input type="checkbox"/> New I-20 to attend St. Thomas (currently not in the U.S.)
<input type="checkbox"/> Change of Status from _____ to F-1 within the U.S.
<input type="checkbox"/> New DS-2019 to attend St. Thomas (currently not in U.S.)
<input type="checkbox"/> Change in education level/New degree

<input type="checkbox"/> Other (please explain): _____ | <input type="checkbox"/> New I-20 to attend St. Thomas transferring from another U.S. school*
<input type="checkbox"/> F-2 Dependent I-20
<input type="checkbox"/> New DS-2019 to attend St. Thomas transferring from another sponsor
<input type="checkbox"/> Return from Leave of Absence: _____
<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

2018-19 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
Art History (MA)	10290	231	9500	1575	2000	500	24096
Bus. (FT UST MBA) (34 credits)	47180	622	9500	1575	2000	2000	62877
Bus. (Eve UST MBA)	14064	231	9500	1575	2000	500	27870
Bus. (Health Care)	29200	231	9500	1575	2000	1650	44156
Bus. (Analytics)	14064	231	9500	1575	2000	500	27870
Bus. (Real Estate)	13020	231	9500	1575	2000	500	26826
Bus. (MS Accountancy)	11820	231	9500	1575	2000	1650	26776
Catholic Studies (MA)	10290	231	9500	1575	2000	500	24096
Divinity (Lay person, MA)	14580	297	9500	1575	2000	500	28452
Divinity (Seminary)	22554	297	9500	1575	2000	500	36426
Education (MA)	9630	261	9500	1575	2000	500	23466
Education (EdD)	12780	261	9500	1575	2000	500	26616
Engineering (MS, MMSE)	12900	231	9500	1575	2000	500	26706
English (MA)	10290	231	9500	1575	2000	500	24096
Law (JD, LL.M)	42298	423	14000	1575	3761	1650	63707
Law (MSL)	16800	423	12500	1575	2000	500	33752
Music (MA)	10290	231	9500	1575	2000	500	24096
Psychology (MA)	9480	352	9500	1575	2000	700	23607
Psychology (PsyD)	12576	452	9500	1575	2000	700	26803
Social Work (MSW)	15990	272	9500	1575	2000	1000	30337
Social Work (doctorate)	13572	272	9500	1575	2000	1000	27919
Software	12900	231	9500	1575	2000	600	26806

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**

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: _____

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: _____

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 oiiss@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:** _____