

**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: _____ <small>Month/Day/Year</small>	St Thomas ID #: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
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Country of Birth: _____	Country of Citizenship: _____
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Field of Study: _____	Degree Objective: <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> JD <input type="checkbox"/> Certificate
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First semester at St. Thomas: _____	Email: _____
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Permanent Address Outside the U.S.:	Local Address in U.S. (if applicable):
_____	_____
_____	_____
_____	_____

Phone _____ <small>Include Country Code</small>	Phone _____
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**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><div style="text-align: right; font-size: small;">Expected Return Semester</div> |
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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/CREDIT	Multiplier	TUITION	FEES*	LIVING COSTS**	HEALTH INSURANCE	MISCELLANEOUS**	BOOKS & SUPPLIES	TOTAL
College of Arts & Science	625.00	12	7500	305	9500	1575	2000	500	21380
College of Business	1218.00	12	14616	305	9500	1575	2000	500	28496
Bus. (Health Care)	14800.00	2	29600	305	9500	1575	2000	1650	44630
Pastoral Studies	625.00	18	11250	305	9500	1575	2000	500	25130
Divinity (Seminary)	12,286.00 per term	2	24572	305	9500	1575	2000	500	38452
Education (MA)	660.00	12	7920	305	9500	1575	2000	500	21800
Education (EdD)	895.00	12	10740	305	9500	1575	2000	500	24620
Engineering & Software	1173.50	12	14082	305	9500	1575	2000	600	28062
Law (JD, LLM)	21,783.00 per term	2	43566	450	14000	1575	3775	1650	65016
Law (MSL)	1486.00	30	44580	450	14000	1575	2000	500	63105
Psychology (MA)	790.00	12	9480	305	9500	1575	2000	700	23560
Psychology (PsyD)	1048.00	21	22008	305	9500	1575	2000	700	36088
Social Work (MSW)	799.50	20	15990	305	9500	1575	2000	1000	30370
Social Work (doctorate)	1131.00	12	13572	305	9500	1575	2000	1000	27952

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**

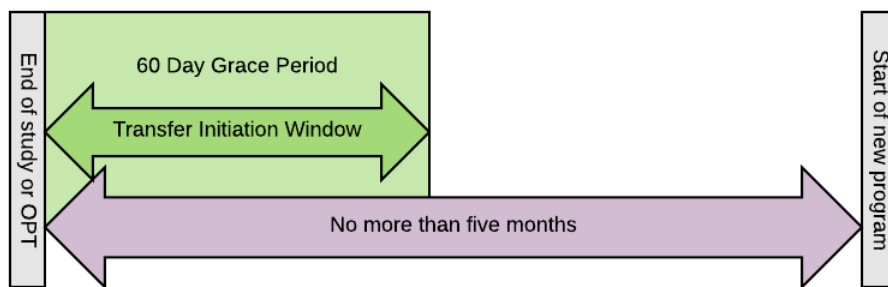
I promise to provide the university with proof of approved health insurance at the minimum levels specified and/or purchase the approved policy available through the Health Services Office. I understand that providing false or misleading information can result in the denial of my application or my admission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

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

## Timeline for SEVIS Transfers

There can be up to a five-month gap between the end of your current classes or OPT and the start of your program start date at the University of St. Thomas. The transfer must be initiated within 60 days of the end of your previous program or OPT, also known as the “60-day grace period”. Failure to set up a transfer within that window will result in a violation of your F-1 status and most likely require reinstatement, which is both costly and time intensive.

If the gap between the end of your previous program or OPT and the start the new program is more than 5 months, transferring is not an option and you will need to exit the U.S. before the end of your 60-day grace period and re-enter no earlier than 30 days before the start of the new program on a new I-20/SEVIS record.



## Transferring During/After OPT

Any employment authorizations gained while your SEVIS record has been under the control of your current school will cease upon the release of your SEVIS record to the University of St. Thomas. A Designated School Official (DSO) at your current school will set the release date for your SEVIS record to transfer to the control of the University of St. Thomas. It is important that you discuss your plans with them regarding your OPT employment to make sure that your record isn't prematurely transferred, causing you to lose out on any employment opportunities that you are expecting.

## Transferring to the Correct Campus

The University of St. Thomas has two campuses in the Twin Cities and it is important to have your SEVIS record transferred to the correct one. See the Table below for information on which campus you should transfer to.

**St. Paul Campus**  
School Code: **SPM214F00191000**

- Graduate Engineering & Software
- School of Social Work
- College of Arts & Sciences (English, Catholic Studies)
- School of Divinity

**Minneapolis Campus**  
School Code: **SPM214F00191001**

- Opus College of Business
- School of Law
- School of Education
- Graduate School of Prof. Psychology

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**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 [ois@stthomas.edu](mailto:ois@stthomas.edu).

St. Thomas School Code: **SPM214F00191000**

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

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