

STU ID \_\_\_\_\_

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

Current U.S. Mailing Address  
(No Post Office Boxes)

\_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City State/Providence Zip Code

Do you plan to travel outside the U.S. before beginning your program at St. Thomas University?

YES – I request a “transfer-pending” I-20 from St. Thomas University to use when I re-enter the U.S.

NO – I will pick-up my I-20 from ISSS upon arrival to St. Thomas University.

Complete and submit this form to ISSS with the following:

- International Student Financial Statement
- Copy of front and back of I-94 card
- Copy of I-20 (Pages 1 through 3) or DS-2019 (Page 1)
- Copy of passport identification pages

**By signing below, you grant permission for the requested information to be sent to ISSS at St. Thomas University.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEVIS INFORMATION**

- **To be completed by the International Student Advisor or Designated School Official only** at the “transfer out” school. The student named above has been admitted to St. Thomas University. Please complete and return this form to the following email address: [intlserv@stu.edu](mailto:intlserv@stu.edu). St. Thomas is listed in SEVIS as “St. Thomas University”. Our school code is **MIA214F00988000**.
- If the student has a SEVIS status that says “Completed”, “Terminated”, or “Out of Status”, please **DO NOT** transfer.

SEVIS ID Number:

I-20 expiration date:

Was the student pursuing a full course study?  Yes  No Start date:  End date:

Student’s SEVIS record will be released on:

Please list any periods of approved curriculum or optional practical training (CPT/OPT):

Please list and explain any authorized reduced course loads (Medical/Academic):

This student is eligible to transfer according to 8 CFR 214.2 (f)(8)(i)

Other Comments:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Institution

Address of Institution \_\_\_\_\_