SEVIS Record Transfer Form

SECTION 1 – TO BE COMPLETED BY STUDENT

Instructions: After being accepted to UHSP, please submit this form to your P/DSO along with your acceptance letter to have your SEVIS Record transferred to UHSP from your current institution.

_____

Last /Family/Surname   First /Given/Forename

_____

Date of Birth (MM/DD/YYYY)   Country of Citizenship

_____

SEVIS ID Number   Name of Current Institution

Address where you want your Transfer Pending I-20 mailed to

_____

Street Address   Apartment/Unit/Suite

_____

City   State   Zip Code

By completing the above and submitting this form to your current P/DSO, you authorize the release of your information to the University of Health Sciences and Pharmacy in Saint Louis (UHSP).

_____

SECTION 2 – TO BE COMPLETED BY P/DSO AT CURRENT INSTITUTION

P/DSO: Please complete this form and email it to ISSS@UHSP.EDU
Please note: UHSP does not accept students who are not in legal F-1 status. Please do not release the SEVIS record until the student has demonstrated proof of admission to UHSP or if the student is out-of-status.

STUDENT SEVIS ID NUMBER: _____

STATUS
☐The student named above: (1) is considered to be maintaining his/her F-1 immigration status, (2) is eligible to return to your institution, and (3) is eligible to transfer.
☐The student is out-of-status.
      ☐Student applied for reinstatement.
      ☐ Student was advised to apply for reinstatement but has not.
      NOTES:_____

REDUCED COURSE LOAD
This student has been approved for a Reduced Course Load.
      Level: ☐Associate ☐Bachelor ☐Masters ☐Doctoral
      Reason: ☐Medical ☐Academic ☐Last Term of Study; DATES of RCL:_____

PRACTICAL TRAINING
This student was authorized for Practical Training:
      ☐Curricular Practical Training; DATES:_____
      ☐Optional Practical Training; DATES:_____
      ☐STEM Optional Practical Training; DATES:_____

_____

If student is in-status and has provided the acceptance letter from UHSP, please transfer the SEVIS Record to **KAN214F10206000** on the date provided below and submit this form to ISSS@UHSP.EDU

DATE OF SEVIS RELEASE:_____

_____

P/DSO FULL NAME   P/DSO TITLE

_____

EMAIL   PHONE

_____

INSTITUTION   P/DSO SIGNATURE (*e-signature is permissible and preferred*)