

TRANSFER VERIFICATION FORM FOR F-1 STUDENTS

Students in F-1 status who have been admitted to St. Louis College of Pharmacy and need to transfer their F-1 should complete the form below. Part I should be completed by the student, and Part II should be completed by the international student advisor at your current school.

St. Louis College of Pharmacy's School Code is KAN214F10206000.

After completing the form, submit to Tim Ellis, associate registrar, by email at tim.ellis@stlcop.edu or fax to 314.446.8310.

Your new I-20 cannot be issued until your current school has transferred your SEVIS record to St. Louis College of Pharmacy. When you arrive at St. Louis College of Pharmacy, you must provide a copy of your most recent I-94 form to complete the transfer process. If you fail to submit this within 15 days, you will be out of status in the U.S.

PART I - TO BE COMPLETED BY STUDENT

LAST NAME <i>(As it appears in your passport)</i>	FIRST NAME	MIDDLE NAME
TELEPHONE NUMBER	EMAIL	
CURRENT MAILING ADDRESS <i>(STLCOP will send your new I-20 to this address)</i>		
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	DATE OF BIRTH

This student has been accepted to St. Louis College of Pharmacy and is expected to begin coursework on 08/26/2019.

By signing below, I authorize the International Student Advisor to provide the information requested below.

SIGNATURE	DATE
-----------	------

PART II - TO BE COMPLETED BY AN INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL

SEVIS ID Number: _____ Date of Release for Transfer: _____

To the best of my knowledge, is this student in status according to DHS regulations and eligible to transfer? Y/N

If no, please explain: _____

NAME OF PERSON COMPLETING THIS FORM	TITLE	
NAME OF INSTITUTION	ADDRESS	
SIGNATURE	EMAIL	DATE

Please email the completed form to tim.ellis@stlcop.edu or fax to 314.446.8310.

PDSO: Timothy Ellis
tim.ellis@stlcop.edu
314.446.8322