SCHOOL TRANSFER/CHANGE PROCEDURES FOR F-1 STUDENTS

The United States Citizenship and Immigration Services (USCIS) requires that F-1 students complete a “school transfer procedure” when changing to a new school. This procedure must be completed within 15 days of starting school at St. John’s University. Failure to do so may result in a termination of F-1 status.

HOW TO COMPLETE YOUR SCHOOL TRANSFER/CHANGE PROCEDURE

1) Complete an “Application for a Form I-20” and mail it along with the required evidence of financial support to the International Student & Scholar Services Office.

2) Complete Part I of the attached “Request for F-1 Transfer Information” form and mail it to the international student adviser at your former/current school. Your advisor must complete and return the form directly to us.

3) If you indicate on your “Application for a Form I-20,” that you plan to travel outside the U.S. before school begins we will mail your Form I-20 to the address listed.

4) If you indicate on your I-20 application that you do not have any travel plans we will hold your St. John’s I-20 in our office until after you arrive on campus. Upon arrival, we will complete the school transfer/change procedure for you if we have received the “Request for F-1 Transfer Information” from your other school. You must check-in with our office upon arrival on campus.

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WHAT YOU NEED TO DO AFTER YOU ARRIVE AT ST. JOHN’S UNIVERSITY

1) **Attend the International Student Orientation.** Orientation is required! You cannot register for classes without attending it.

2) **Make photocopies of the following documents and bring them AND the original documents to the International Student & Scholar Services Office as soon as you arrive on campus:**

   - ✓ Passport identification pages
   - ✓ F-1 and all other U.S. visas
   - ✓ Form I-94 Departure record.
   - ✓ SJU I-20 (if it was mailed to you)
   - ✓ I-20’s from all schools you attended in the U.S.
   - ✓ “Request for Transfer Information” form (if you have a copy)

3) **Protect your legal documents and make photocopies of them. Never destroy any I-20’s. Keep them in a safe place.**
REQUEST FOR F-1 TRANSFER INFORMATION FROM DESIGNATED SCHOOL OFFICIAL

PART I: To be completed by the student. PLEASE PRINT:

This is to inform you that I intend to transfer to St. John’s University in the __________ (Fall or Spring) semester. Please complete the information requested below and submit this form to St. John’s University International Student & Scholar Services Office (718-990-2070)

Campus Location: _______ Queens Campus (Jamaica, NY) school code: NYC214F00710000
_______ Staten Island Campus – School Code: NYC214F00710001
_______ Manhattan Campus – School Code: NYC214F00710002

NAME___________________________________________________________________________________________

Last or Family    First   Middle

Signature:  ________________________________________________ Date: ________________________________

E-mail address____________________________________  St John’s Student ID # (X #)______________________

PART II: To be completed by the designated school official and returned directly to this office by fax or mail.

☐ The student is/was in lawful F-1 status according to USCIS regulations at this school until _____________________________ date

☐ The student is/was not in lawful F-1 status according to USCIS regulations and my records because:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_____ I am enclosing any information I have available that would be helpful in a reinstatement application.

SEVIS ID # _____________________________________________ Date of Release: ______________ _____________

The student has been authorized the following Practical Training benefits:

OPTIONAL: Full-time: _______ months _______ days
Part-time: _______ months _______ days

CURRICULAR: Full-time: _______ months _______ days

This student was authorized for a reduced course load from ________________ to ______________

______________________________________________________________  ________________________
Signature of designated school official             Date

Name printed                  Phone

Title and School          E-mail Address