

SEVIS Transfer Form



Information About Transferring Your SEVIS Record

If you are currently attending school in the U.S. as an F-1 student, please talk to your current international student advisor about transferring your SEVIS record to Saint Mary's College.

If there is less than five months between the end of your current program and the start of your program at Saint Mary's College, then you may stay in the U.S. with the same SEVIS record.

If the time between your programs is more than five months, you should consult with your current international student advisor and the Center for International Programs at Saint Mary's College.

Saint Mary's College School Codes

Moraga
SFR214F00633000

Sunnyvale
SFR214F00633003

San Ramon
SFR214F00633002

Berkeley
SFR214F00633001

New York
SFR214F00633005

Contact Information

Ashley Cross
(925) 631-4352
arm11@stmarys-ca.edu

Directions for the Student

Please complete Part One of this form and bring it to the international student advisor at your current school.

Directions for the Institution

Please complete Part Two of this form and send it via email to: arm11@stmarys-ca.edu. Saint Mary's College will not accept terminated, cancelled, or completed SEVIS records.

Part One

Name (as it appears in your passport):

First (Given) Name Middle Name Last (Family) Name

Country of Birth: _____ Country of Citizenship: _____

Email Address: _____

U.S. Address: _____

U.S. Phone Number: (_____) _____ - _____

Start Term at Saint Mary's College:

Campus Location:

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> Fall semester | <input type="checkbox"/> 2020 | <input type="checkbox"/> Moraga (all undergraduate students) |
| <input type="checkbox"/> Autumn quarter | <input type="checkbox"/> 2021 | <input type="checkbox"/> Sunnyvale |
| <input type="checkbox"/> January Term | <input type="checkbox"/> 2022 | <input type="checkbox"/> San Ramon |
| <input type="checkbox"/> Spring semester | <input type="checkbox"/> 2023 | <input type="checkbox"/> Berkeley |
| <input type="checkbox"/> Spring quarter | <input type="checkbox"/> 2024 | <input type="checkbox"/> New York (LEAP students) |
| <input type="checkbox"/> Summer quarter | <input type="checkbox"/> 2025 | |
| <input type="checkbox"/> Winter quarter | | |

I authorize the transfer of my SEVIS record and the disclosure of the required information by the institution listed in Part Two.

Signature of Student MM / DD / YYYY

Part Two

Name of Institution: _____

SEVIS ID: _____ Release Date: ____ / ____ / ____

Dates of attendance: from ____ / ____ / ____ to ____ / ____ / ____

Is the student on OPT? Yes No If yes, OPT end date: ____ / ____ / ____

Has the student maintained their status? Yes No

If no, please explain: _____

Name of P/DSO: _____

Email: _____ Phone Number: _____

Signature of P/DSO MM / DD / YYYY