

F-1 Student Transfer-In Form

Students admitted to a program of study at The University of Texas Health Science Center at Houston (UTHealth) who are currently in the United States in the F-1 student visa status must complete Section I of this form. The Designated School Official (DSO) at the institution currently sponsoring your Form I-20 must complete Section II of this form. If the Office of International Affairs (OIA) determines that you are eligible to transfer to transfer your F-1 sponsorship to UTHealth, the DSO at your current institution must release your SEVIS record. OIA will not have access to your SEVIS record until the release date set by your current DSO is reached. Once your transfer release date arrives, the DSO at your previous school will not have access to your SEVIS record.

Please note: You must contact your UTHealth OIA Advisor prior to registering for classes or before departing the U.S. between programs. Failure to do so may result in your inability to transfer your F-1 sponsorship.

To be Completed by Student		
LAST/FAMILY NAME:		First/Given Name:
U.S. Residential Address:		
City:	State:	Zip Code:
Telephone Number:		Alternate Number:
Date of Birth (MM/DD/YYYY):		E-mail Address:
Please select campus you have been admitted to below:		
<input type="checkbox"/>	The Univ of Tx Health Sci Ctr at Houston	HOU214F00319000 Houston, TX
<input type="checkbox"/>	UT Health Houston - San Antonio	HOU214F00319003 San Antonio, TX
<input type="checkbox"/>	UT Health Houston @ Austin	HOU214F00319005 Austin, TX
<input type="checkbox"/>	UT Health Houston @ Bastrop	HOU214F00319007 Bastrop, TX
<input type="checkbox"/>	UT Health Houston @ Brownsville	HOU214F00319001 Brownsville, TX
<input type="checkbox"/>	UT Health Houston @ Dallas	HOU214F00319006 Dallas, TX
<input type="checkbox"/>	UT Health Houston @ El Paso	HOU214F00319002 El Paso, TX
<input type="checkbox"/>	UT Health Houston @ Smithville	HOU214F00319004 Smithville, TX
Will you be traveling outside the U.S. before beginning your academic program with UTHealth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"> • If Yes, please provide the exact dates of departure & return to the U.S.: _____ <ul style="list-style-type: none"> ○ If Yes, please consult your International Visitor Advisor at UTHealth prior to your departure. • If No, you will need to check-in with the OIA prior to registering for classes at UTHealth to complete your F-1 transfer and receive your new Form I-20 		
Prior to OIA determining the eligibility to transfer your F-1 sponsorship to UTHealth, you must complete and sign Section I of this form and the DSO at your current institution must complete and sign Section II of this form. Your signature on this form authorizes the DSO at your current institution to provide the information below.		
Student's Signature:		Date:

To be Completed by DSO		
Name of Institution:		
Institution Street Address:		
City:	State:	Zip Code:
Student's Current Visa Status:	Student's Enrollment Start Date:	Student's Enrollment End Date:
Has student been approved for Optional Practical Training (OPT):		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide all periods of authorized OPT and/or STEM OPT:		
Student is currently maintaining immigration status:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please comment:		
Is student eligible to return to current institution:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please comment:		
P/DSO Name:	Title:	
P/DSO Signature:	Date:	
E-mail Address:	Telephone Number:	
<p>Upon completion of this form, if your institution approves transferring the F-1 record, please transfer student's SEVIS record to appropriate school code selected on page 1 of this form.</p>		

Student must mail or hand deliver the completed Transfer In form and documents listed below to OIA:

1. Legible copies of all U.S. Immigration documents issued to you since birth (e.g. passport, I-94, I-20s, DS-2019, etc.)
2. Copy of your latest school transcript of records
3. Original financial supporting documents to OIA

The University of Texas Health Science Center at Houston
Office of International Affairs
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Houston, TX 77030
Phone: 713-500-3176
Fax: (713) 500.3189
Email: utoiahouston@uth.tmc.edu

Failure to provide all required documents will delay the determination of your eligibility to transfer your F-1 sponsorship to UTHealth.