



Sacred Heart Seminary and School of Theology F1 Visa Student Transfer Request

Complete fields marked with an asterisk (*), then submit to your current SEVIS coordinator.

TYPE OF REQUEST*

Transfer In To Sacred Heart

Transfer Out From Sacred Heart

PERSONAL INFORMATION*

Surname/Last Name:*

Given/First Name:*

SEVIS Number:*

Date of Birth:*

Email Address:*

Phone Number:*

PROGRAM INFORMATION*

Program At Sacred Heart*

Semester of Transfer*

I authorize my present school to release the information requested to my transferring institution.*

Student Signature _____ Date: _____

TRANSFERRING INSTITUTION*

Name Of School:*

School's SEVIS Code

Current SEVIS Status:

Last Date of Attendance:

Name of PDSO/DSO:

E-mail

Date Transfer Completed:

Remit completed form to LaToya Bates-Barnes, LBatesBarnes@SHSST.edu

School SEVIS Code for Sacred Heart Seminary and School of Theology: **CHI214F20334000**

7335 S. Hwy. 100, PO Box 429, Hales Corners, WI 53130-0429| Phone: (414) 425-8300| Fax: (414) 529-6999| www.shsst.edu

SACRED HEART USE

Transfer

Institution Name

Completed On

Routing and Student Services

Sent to transfer school

I20 Printed

Student Registered

Action Items