



Students admitted to a program of study at the University of Texas Health Science Center at Houston (UTHSC-H), who are currently in the U.S. in the F-1 student visa status, must complete Section I of this form. The 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 UTHSC-H, 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. Please note that you must contact your International Visitor Advisor (IVA) at OIA within 15 days of your program start date in order to complete the transfer-in process.

Section I: To be completed by student

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle	
_____ U.S. Residential Address: Street	_____ City	_____ State	_____ Zip Code
_____ Telephone Number: Home	_____ Cell	_____ Work	_____ Fax
_____ Date of Birth (MM/DD/YYYY)	_____ E-mail Address		

I plan to travel outside the U.S. prior to beginning my academic program at UTHSC-H: Yes No
 • If yes, please consult your IVA at UTHSC-H prior to your departure.

Prior to OIA issuing a Form I-20, the DSO at your current institution must complete the information below regarding your immigration status. Your signature below indicates that you are authorizing the DSO at your current institution to provide the information below.

Student's Signature: _____ Date: _____

Section II: To be completed by DSO

The above named student has indicated that he/she plans to transfer to The University of Texas Health Science Center at Houston. Please provide the information below regarding the student's immigration status and return this form to the address below. You may fax or scan this document; however, please mail the original.

_____ Name of Institution			
_____ Institution Address: Street	_____ City	_____ State	_____ Zip Code
_____ Student's Current Visa Status	_____ Student's Enrollment Start Date	_____ Student's Enrollment End Date	

Student has been approved for Optional Practical Training (OPT): Yes No

- If yes, please provide all periods of authorized OPT: _____

Student is currently maintaining immigration status: Yes No

- If no, please comment: _____

Is student eligible to return to current institution: Yes No

- If no, please comment: _____

SEVIS Release Date (*UTHSC-H School Code: HOU214F00319000*): _____

DSO Name: _____	Title: _____
DSO Signature: _____	Date: _____
E-mail Address: _____	Telephone Number: _____