



ST JOHN'S
College

ANNAPOLIS • SANTA FE

ST. JOHN'S COLLEGE, ANNAPOLIS I-20 TRANSFER FORM

Please follow these instructions to complete the I-20 Transfer Form for international students transferring to St. John's College Annapolis.

1. **Students:** Complete **PART A** and notify the current **International Student Advisor (ISA)** or **Designated School Official (DSO)** at your school of your intent to transfer, ask them to complete **PART B** and to transfer your SEVIS record to St. John's College.

Your SEVIS record must be transferred to St. John's College (SJC) within 60 days of your prior program completion date.

2. **ISA or DSO:** Complete **PART B** and mail or scan/e-mail this signed and completed form to St. John's College.

Mail to: Attn: Admissions, 60 College Avenue, Annapolis, MD 21401

Scan/e-mail to: Amanda Stevens at amanda.stevens@sjc.edu

3. **Questions?** Call or e-mail, 410-626-2522 or amanda.stevens@sjc.edu

Part A – Students, please complete this section.

Name _____
Family/Surname First/Given Name Middle Name

Date of Birth _____ SEVIS ID Number (found on I-20) _____
Month Day Year

Proposed Enrollment at St. John's College (Select term and enter last two digits of the year)

☐ Fall 20 _____ ☐ Spring 20 _____ ☐ Summer 20 _____

I hereby request and authorize the ISA/DSO of the school named in Part B of this form to complete and send this form to the ISA/DSO at SJC. I understand that it is my responsibility to notify the ISA/DSO to transfer my SEVIS record to SJC.

Student's Signature

Date

PART B – ISA or DSO, please complete this section.

School name in SEVIS: St. John's College SEVIS School Code: BAL214F00124000

When was the student last enrolled at your school: (Month/Day/Year) _____

To the best of your knowledge, has the student maintained F-1 status? Yes ☐ No ☐

If no, please indicate reason(s) the student has not maintained F-1 status, if known: _____

If the student does not hold a valid F-1 status, have you issued a Form I-20 for reinstatement? Yes ☐ No ☐

If yes, on what date did you issue the reinstatement Form I-20? (Month/Day/Year) _____

Has this student benefited from OPT while attending your institution? Yes ☐ No ☐

Date SEVIS record will be transferred to SJC: (Month/Day/Year) _____

ISA/DSO's Name

Title

Institution

City and State of Institution

ISA/DSO Phone Number

ISA/DSO E-mail address

ISA/DSO's Signature

Date