

**ST. ANDREWS  
IMMIGRATION STATUS FORM**

**To be completed by INTERNATIONAL APPLICANTS on, or intending to be on, F-1 visa/status. Failure to complete this form will result in delays in application processing and/or Form I-20 or DS-2019 issuance.**

**Instructions:**

**Section 1:** You must complete this section.

**Section 2:** You must complete this section addressing visa status.

**Section 3:** If you are currently on F-1 visa status and wish to transfer to St. Andrews from a different institution within the USA, the Designated School Officer at the institution you are currently attending must complete this section.

**SECTION 1:**

Last Name (as it appears on your passport)	First Name	Middle
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<p><b>ADDRESS AND CONTACT INFORMATION: (Print clearly)</b> <b>Permanent (non-USA) Address:</b></p> <p>Street _____</p> <p>City _____ Postal Code _____</p> <p>Province _____</p> <p>Country _____</p> <p><b>E-mail</b> _____</p>	<p><b>ADDRESS to be used for mailing of Form I-20/DS-2019:</b></p> <p>Street _____</p> <p>City _____ Zip/Postal Code _____</p> <p>Province/State _____</p> <p>Country _____</p> <p><b>Phone</b> _____</p>
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**Please state most effective overnight/priority delivery service to your physical address (i.e. UPS, FedEx, etc.)**

\_\_\_\_\_

**ADDRESS AND CONTACT INFORMATION: (Print clearly)**  
**Permanent (non-USA) Address:**

**PERSONAL DATA:**

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YR)

City of Birth: \_\_\_\_\_

Country of Citizenship or the country whose passport you will be using: \_\_\_\_\_

Country of Permanent Residency: \_\_\_\_\_

**ACADEMIC INFORMATION:**

Semester you intend to enroll at St. Andrews: Check one and complete year

- Fall (August)-Year: 20\_\_\_\_ - Spring (January)-Year: 20\_\_\_\_

Academic institution in the USA from which you will be transferring, if any:

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

### Immigration Status Form

#### Section 2: VISA/STATUS INFORMATION:

- I am currently abroad and intend to apply for the following non-immigrant visa before starting my studies at St. Andrews.  
Which visa type? (Check one) F-1 – Student \_\_\_\_\_ Other - \_\_\_\_\_
- I am currently in the USA. My non-immigrant visa status is:  
(Check one) \_\_\_\_\_ F-1 - Student: Please attach a copy of your current I-20, I-94 and passport identification page(s).  
\_\_\_\_\_ Other, which? \_\_\_\_\_ Please attach a copy of your I-94 and passport identification page(s).  
Do you plan to leave the USA prior to beginning your studies at St. Andrews? \_\_\_\_\_ No \_\_\_\_\_ Yes
- If yes, what is your anticipated date of departure from the USA? \_\_\_\_\_ (Month/Day/Year) Return? \_\_\_\_\_
- If you are currently on a visa/status other than F-1, would you like to change your current status to F-1, if eligible?  
\_\_\_\_\_ No \_\_\_\_\_ Yes
- • If “yes”: Remember to complete the Statement of Financial Responsibility/Affidavit of Financial Support.
- If “yes”: Upon admission to St. Andrews, the PDSO will contact you about the process of changing your status to F-1. Or you may contact PDSO directly at smithda@sapc.edu.

#### SECTION 3: If you are currently on F-1 visa status and wish to transfer to St. Andrews from a different institution within the USA, the Designated School Officer at the institution you are currently attending must complete this section.

- Is the student currently attending the school s/he was authorized to attend? \_ No \_ Yes  
If “No,” please explain:  
\_\_\_\_\_
- To the best of your knowledge, is this student currently in lawful F-1 status? \_ No \_ Yes  
If “No,” please explain:  
\_\_\_\_\_
- Applicant’s SEVIS ID# \_\_\_\_\_ Date of SEVIS release date, if known: \_\_\_\_\_  
Month/Day/Year
- Program Level the student was authorized to pursue: \_\_\_\_\_
- Total amount of authorized Practical Training time used to date:  
CPT \_\_\_\_\_ ; OPT \_\_\_\_\_
- Please provide any other information about this student’s immigration status, which may assist in assessing his/her documentation:  
\_\_\_\_\_

I certify that the above is true and correct.

Name of D.S.O. \_\_\_\_\_

Signature of D.S.O. \_\_\_\_\_

Institutional Title: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Fax: \_\_\_\_\_

Institution’s SEVIS School Code: \_\_\_\_\_ E-mail \_\_\_\_\_

Mail or Fax:

Office of Admissions  
International Applicant Info  
St. Andrews Presbyterian College  
1700 Dogwood Mile  
Laurinburg, NC 28352

910-277-5555  
910-277-5087 (FAX)