



MASSACHUSETTS
COLLEGE of PHARMACY
and HEALTH SCIENCES

Admission Office

Notice of SEVIS Record Transfer to MCPHS University

International Students maintaining F-1 Status who are transferring to MCPHS University from another academic institution must complete this form.

Section 1. To be completed by the F-1 Student. Please enter names exactly as they appear on your current Form I-20.			
Surname/Family Name(s):		Given Name(s):	
MCPHS ID Number:	MCPHS Program:	Start Term (circle one and complete year): Fall / Spring / Summer 20____	
Date of Birth (MM/DD/YYYY):	Personal Email:	Phone:	
School Transferring From:		MCPHS Campus Transferring to: <input type="checkbox"/> Boston <input type="checkbox"/> Worcester <input type="checkbox"/> Manchester	
I hereby authorize a Designated School Official (DSO) at my current school to provide the information below to MCPHS University.			
Signed: _____		Date: _____	

Section 2. To be completed by a DSO at your current school.			
Student SEVIS ID:	SEVIS Record Transfer Date:	SEVIS Record Status:	
MCPHS Campus Transferred to: <input type="checkbox"/> Boston (BOS214F00218000) <input type="checkbox"/> Worcester (BOS214F00218003) <input type="checkbox"/> Manchester (BOS214F00218004)			
Please choose all that apply:			
<input type="checkbox"/> To my knowledge, the student is maintaining valid F-1 status.			
<input type="checkbox"/> The student is out of status and a reinstatement application is pending.			
<input type="checkbox"/> The student is out of status and must file a reinstatement application or travel to regain status.			
<input type="checkbox"/> Other Comments:			
DSO Name:		School Name:	
Email:	Phone:	Signed:	Date:

Please return form to:

International Admission Office
MCPHS University
179 Longwood Avenue | Boston MA 02115
international.admission@mcphs.edu