

INTERNATIONAL MID PAC COLLEGE

1311 Kapiolani Blvd., Suite 200-5 • Honolulu, Hawaii 96814, USA Phone: (808) 593-9388 • Fax: (808) 593-9125

E-mail: info@impachawaii.edu School Code: HHW214F00184000

F1 Student Transfer Eligibility Form

	This portion to	be filled out by	the student		
Name:	First	Da	te of Birth:		
				(Month/Day	/Year)
Current Address:Street nat	me and number, Apt. #		City	State	Zip Cod
Telephone: ()	E	-mail:			
Program Start Date at IMPAC:			(Month/Day/Year)		
	eaving the United State Γ be leaving the Unite				
I give permission	for my present scho	ool to release the i	nformation requ	ested on this	form.
Student Sign		Date:			
Please fax this form 1. Is the student currently a	·	3) 593-9125 or e - at s/he was last author	-mail to info@ prized to attend?	impachawa Yes No	ii.edu.
	•	-	(mm/dd/yy)		
	nis school, but did not o				
Student is currently e	nrolled in a full-time p	rogram: From	to (mm/dd/yy)	(mm/dd/y	
Student did not comp	lete the course of study	y. His/her last day o	of attendance was _		
	ement or change of stat			nown, is	
2. Has this student had a 3. To the best of your kn Student's SEVIS ID#	ny financial problem owledge, is the stude	ns with your instituent "in status"?	ntion?Yes No Yes No	1	
(PLEASE DO NOT RELEA		Release Date: U		ice	.)
School Name :					
Address:					
Tel:					
SEVIS School Code:					
Name and title of DSO:					
Signature of DSO:		Date	e:		