



UNIVERSITY
of HAWAII®
MĀNOA

The prospective student indicated below has expressed the desire to transfer to our program. In accordance with the May 22, 1987 U.S. immigration regulations, we need to know if the student was registered for a full course of studies at your institution in order to process the transfer. Therefore, we would appreciate it if you could provide us with the following information and verification:

Name of the Student: _____
Last First M.I.

Permanent Address: _____

Email Address: _____ Contact Number: _____

Birth Date: _____ I-94 Admission #: ____ - ____ - ____ - ____
(Month/Day/Year)

SEVIS I.D. Number: _____ Release Date: _____

Are you returning to your country before NICE Program begins? Yes _____ No _____

Authorize Release of Information: _____
Signature of Student

Please check all applicable conditions:

1. Approved to transfer to Outreach College NICE Program.
 - a. The student was registered at this institution for a full course of studies which began on _____ and ended on _____.
 - b. The student has completed the course with satisfactory performance.
 - c. The student is currently attending classes, ending on _____.
2. Not approved for transfer, reinstatement recommended.
 - a. The student was not registered for a full course of studies at this institution.
 - b. The student did not complete the course with satisfactory performance (please explain under Remarks).
 - c. The student was dismissed from this institution during the course of studies (please explain under Remarks).

Please transfer student's records to: University of Hawaii – Outreach College
HHW214F00236000

Remarks: _____

Signature Date Name and Title

Name and address of the Institution Email Address