



# Central Pacific College

“Are you ready to EXCEL”

## INTERNATIONAL STUDENT TRANSFER FORM

Dear **Applicant:**

All students who are currently on an F-1 visa and wish to transfer to **Central Pacific College** (CPC) must have this status verification form completed by the institution you were last authorized to attend.

**Name:** \_\_\_\_\_  
Last First Middle

**SEVIS #:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Date / Year

**I intend to attend CPC on** (starting date): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Date / Year

**My current USA Address:** \_\_\_\_\_  
Number Street Apartment #

City State Zip Code

**Phone :** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

By signing this form, I am acknowledging my intention to attend CPC. I also give permission for my former school to release any needed information from my files.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Date / Year

Dear **International Student Advisor:**

This is to verify that the above named student has applied for admission to CPC. Your cooperation is highly appreciated. Please provide the following information and release the student to Central Pacific College (HHW214F00259000).

**Name of Institution:** \_\_\_\_\_

**Institution's Address:** \_\_\_\_\_  
Number Street Suite #

City State Zip Code

**Phone :** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Designated School Official's Name:** \_\_\_\_\_

**DSO's Title:** \_\_\_\_\_ **DSO's E-mail:** \_\_\_\_\_

**Student's Status:** In Status Not in Status If "Not," please provide an explanation: \_\_\_\_\_

**Dates of current session or last session attended** — from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Date / Year Month / Date / Year

**Anticipated last day of attendance:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **SEVIS release date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Date / Year Month / Date / Year

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Designated School Official's Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Date / Year Official Seal / Stamp

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