

WINDWARD COMMUNITY COLLEGE
Admissions and Records Office

TRANSFER F1 INTERNATIONAL STUDENT

Print: Student Last Name, First Name, MI _____ Birth Date _____

Student's Signature: _____ Date _____
I authorize release of the information below to WinCC

The following section must be completed by your International Student Adviser at your current school. Your new I-20 will be issued to you after your current school has designated your release date.

~~~~~ To be Completed by Designated School Official ~~~~~

Student INS Admissions No.: \_\_\_\_\_ Student SEVIS ID: \_\_\_\_\_

I verify the above student was enrolled at this school for full course of study and is eligible for F1 school transfer.

1) Dates of Enrollment: From: \_\_\_\_\_ (month/day/year)  
To: \_\_\_\_\_ (month/day/year)

2) SEVIS Release Date: \_\_\_\_\_ (month/day/year)

3) The above named student (check all that apply):

- completed program of study with satisfactory performance
- is currently enrolled full-time and term ends: \_\_\_\_\_ (month/day/year)
- is in an Optional Practical Training that ends: \_\_\_\_\_ (month/day/year)
- is expected to receive a degree by: \_\_\_\_\_ (month/day/year)  
Type of Degree: \_\_\_\_\_ (e.g. AA, AS, AAS, CA, BA,)
- was authorized to enroll less than full-time during: \_\_\_\_\_ (month/day/year)

The student is NOT eligible for INS/SEVIS transfer of schools because: \_\_\_\_\_

Release Student To (mail or fax form): Windward Community College - Admissions and Records Office  
SEVIS code: HHW214F00239000  
45-720 Kea'ahala Road • Kāne'ohe, HI 96744  
Phone: (808) 235-7432 Fax: (808) 235-7496

\_\_\_\_\_  
Name and Address of School Phone/Fax Number

\_\_\_\_\_  
Signature of School Official Date Print Name and Title