



VERIFICATION OF ENROLLMENT

The international student named below intends to transfer to *Hawaii English Language Program (HELP)*. School code: HHW214F00232000

Student: To transfer from another institution to Hawaii English Language Program (HELP), please complete the top section of the form and then submit to current International Adviser/Designated School Officer (DSO) for completion.

Name: _____
Family Name First Name Middle

Date of Birth: _____
Month/Day/Year

Phone Number: _____ **Email:** _____

Are you planning to travel abroad prior to enrolling at HELP? ☐ Yes ☐ No

I authorize release of the information below to HELP

Student's signature Date

Designated School Official: Please provide the following information to facilitate SEVIS transfer of the above student. Please return or fax this form to us. Thank you.

SEVIS ID: _____ **RELEASE DATE:** _____
Month/Day/Year

Dates of enrollment: _____ to _____
Month/Day/Year Month/Day/Year

- ☐ Approved to transfer to HELP. Student is in good standing and is/has been pursuing a full course of study.
- ☐ Did NOT complete the full course of study. Terminated attendance on _____
Please explain in Comments. Month/Day/Year
- ☐ Did NOT attend this school although this school issued the Form I-20AB.

Comments: _____

Signature of school official Printed Name & Title

Name & Address of Institution

Phone/fax/email contact