



# Institute of Clinical Acupuncture and Oriental Medicine

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## INTERNATIONAL STUDENT (F-1 STATUS) TRANSFER ELIGIBILITY FORM

### STUDENT INFORMATION (TO BE COMPLETED BY THE F-1 STUDENT)

Name: \_\_\_\_\_  
Last, First, Middle

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Month/Day/Year

Social Security or Student ID: \_\_\_\_\_ INS Admission Number: \_\_\_\_\_

Term and Year to be admitted at ICAOM: \_\_\_\_\_

Program/Degree: \_\_\_\_\_ Student Signature: \_\_\_\_\_

### FORMER SCHOOL INFORMATION (TO BE COMPLETED BY THE STUDENT ADVISOR)

Student was registered for a full course of study the preceding quarter/semester:

Quarter/semester \_\_\_\_\_ Year \_\_\_\_\_

Student was authorized for post-completion practical training until: \_\_\_\_\_

Student has maintained F-1 status and is eligible for notification transfer.

Student was NOT registered for a full course of study during the preceding quarter/semester.

ICAOM should advise the student to apply for reinstatement with U.S. Immigration Service.

Degree Program Pursued: \_\_\_\_\_

Quarter/Semester & Year Began: \_\_\_\_\_ Degree Completion:  Yes  No

\_\_\_\_\_  
Name of Advisor/Person Completing This Form (Print) Signature Date

\_\_\_\_\_  
Name of Former School

\_\_\_\_\_  
Address of Former School

ICAOM SCHOOL CODE: HHW214F00248000

PLEASE FAX TO: (808) 521-2271

or mail to: ICAOM, Office of Admission, 100 N. Beretania Street, # 203, Honolulu, HI 96817