UNIVERSITY of HAWAI'I®
HAWAI'I COMMUNITY COLLEGE
PHONE: (808) 934-2698 | FAX: (808) 934-2701

VERIFICATION OF ENROLLMENT

ENTERING SEMESTER: Fall / Summer / Spring 20 _____

The international student named below intends to transfer to ***Hawai'i Community College****.*
School Code: HHW214F00243000
(If you cannot find us in SEVIS, please type Hawa*. It should work.)

STUDENT: *This form is required if you are currently attending any school in the United States to confirm that you are in full time status. Complete the* ***SECTION A*** *of this form, and then take it to your counselor/advisor to complete the* ***SECTION B****.*

SECTION A. Student must complete this section.

STUDENT NAME: _____
Last First Middle

BIRTHDATE: __ __ / __ __ / __ __ __ __ (Month/Day/Year) **PHONE NUMBER:** _____

I authorize release of my SEVIS information to Hawai'iCC. **SIGNATURE:** _____

I am planning to attend Hawai'i Community College starting from: __ __ / __ __ / __ __ __ __

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

Are you traveling abroad after the **RELEASE DATE**? ❒ Yes ❒ No

If yes, I will be outside the U.S. from __ __ / __ __ / __ __ __ __ to __ __ / __ __ / __ __ __ __. Please send an I-20 to the following address: _____

_____

SECTION B. This section must be completed by the counselor/advisor of the school the student is attending.

STUDENT SEVIS ID: N **RELEASE DATE:** Release upon acceptance

What is the expected last date for this student to attend as a Full-Time status at your school? __ __ / __ __ / __ __ __ __ ~ __ __ / __ __ / __ __ __ __ .

❒ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by USCIS).

❒ The student is out of status and a reinstatement to the student status was filed on __ __ / __ __ / __ __ __ __ at BCIS and is pending. (Please enclose copies of document filed.)

❒ The student is currently out of status, and we will advise him/her to apply for reinstatement upon receipt of a new SEVIS I-20 from Hawai'iCC. This student was terminated in SEVIS on __ __ / __ __ / __ __ __ __ due to _____.

COMMENTS:

_____ _____
Name of International Student Advisor Completing This Form Signature

_____ _____
Name of Institution Date

_____ _____ _____
Address Phone Number Email Address

RETURN FORM T /

HAWAI'I COMMUNITY COLLEGE
OFFICE OF INTERNATIONAL PROGRAMS
EMAIL: hawccint@hawaii.edu
FAX# 808-934-2701