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: ___ / ___ / _____ **PHONE NUMBER:** _____
Month Day Year

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:** _____

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 USCIS 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 to
Hawai'i Community College
Office of International Programs
Email: hawccint@hawaii.edu
Fax#: 808-934-2701