

UNIVERSITY OF HAWAII - KAPI'OLANI COMMUNITY COLLEGE

Honda International Center Tel: (808) 734-9312 / Fax: (808) 734-9454

Entering Semester: Fall / Summer /Spring 20_____

VERIFICATION OF ENROLLMENT

The international student named below intends to transfer to **Kapi'olani Community College**.

School code: HHW214F00237000

(If you cannot find us in SEVIS, please type *Kapi**. 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'S NAME _____

_____ Last First M
BIRTHDATE _____ Phone Number: _____
Month/Day/Year

I authorize release of my SEVIS information to KCC. SIGNATURE: _____

I am planning to attend Kapi'olani 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 be 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 KCC. This student was terminated in SEVIS on _____ / _____ / _____ due to _____.

Any Comments _____

Name of International student Advisor completing this Form

Signature

Name of Institution

Date

Address

Telephone Number & Email address

Return form or fax to:

KAPI'OLANI COMMUNITY COLLEGE,
HONDA INTERNATIONAL CENTER
4303 DIAMOND HEAD ROAD
HONOLULU, HI 96816