

UNIVERSITY OF HAWAII - KAPI'OLANI COMMUNITY COLLEGE

Honda International Center : 4303 Diamond Head Road ILIAHI 107 Honolulu, HI 96816

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Entering Semester: Fall / Summer / Spring 20_____

VERIFICATION OF ENROLLMENT

*The international student named below intends to transfer to
University of Hawaii - Kapiolani Community College (HHW214F00237000).*

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 Middle

BIRTHDATE: _____ Email Address: _____
Month/Day/Year

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

I am planning to attend Kapi'olani Community College starting from: _____

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: N00 _____ 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
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 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

Email address Telephone