



Hawaii Community College Intensive English Program
Verification of Enrollment

SECTION A: Student must complete this section

Name: Family First Middle

E-mail: Phone

Date of Birth: (Month/ Day/ Year) / /

Country of Birth Country of Citizenship:

Sex: Male Female

I am planning to attend Hawaii Community College IEP starting from:

January March June August October (year)

I authorize the release of my enrollment information to Hawaii Community College.

Student's signature Date

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

STUDENT SEVIS ID: N RELEASE DATE:

Hawaii Community College School Code: HHW214F00243000

I certify that the above named student has maintained status as a bona fide F-1 student and is eligible to apply for admissions and transfer to Hawaii Community College.

Name of Certifying Official Title School Name

Signature Date

PHONE: Email address:

School address

Return form to: Intensive English Program Hawaii Community College 200W Kawili Street Hilo, HI 96720 OR FAX to: (808)974-7487