



UNIVERSITY OF HAWAII
HAWAII
COMMUNITY COLLEGE

Transfer Request Form

Hawaii Community College Intensive English Program Verification of Enrollment for Transfer Student (F1 Visa)

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 May 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
Bldg. 379A OCET
1175 Manono Street, Hilo, HI 96720
OR
email to: hawcciep@hawaii.edu
FAX to: (808)934-2701