University of Hawai‘i at Mānoa
Concurrent Enrollment Form

In order for credits from your secondary institution to transfer to UH Mānoa and to be certified to the VA, the attached Transfer Credit Evaluation Request Form must be submitted with this form to the Office of the Registrar (QLC 010).

UH ID#: __ __ __ __ - __ __ __ __  CH 35 (Only) VA File#: ____________________________

Name (Last, First, M.I.): ____________________________________________________________

Cell Phone No: (_____)________________________ Email: ____________________@hawaii.edu

Chapter # (circle one): 30 | 31(Voc Rehab) | 35 | 1606 | 1607 | 33 (Post-9/11 VETERAN) | 33 (Post-9/11 DEPENDENT)

Degree: ___________  Major: ________________________________________

I certify that ALL courses listed below are applicable towards my degree objective. I will complete the Change in Enrollment Status form if I make ANY changes to my schedule.

Student’s Signature: ___________________________________________  Date: _____________

Semester/Year: ____________________________

<table>
<thead>
<tr>
<th>Institution (e.g., KCC, LCC, HPU)</th>
<th>Course (e.g., ENG 100)</th>
<th>Course Title (e.g., Composition I)</th>
<th>Requirement (e.g., FW)</th>
<th># of Credits (e.g., 3)</th>
<th>√ if Repeating</th>
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*Some repeated courses may not be applied to VA benefits.

Total Credits: ________

I certify that these courses taken at ________________________________ (as a Secondary College/University) are required courses within the student’s approved degree objective and will count toward degree requirements as Program, General Education, or Elective courses; and that the above student will be granted transfer credit(s) to the University of Hawai‘i at Mānoa upon satisfactory completion – I have crossed off any that do not apply.

Print Name of UH Mānoa Academic Advisor

Signature of UH Mānoa Academic Advisor  Date

College (Undergrad)/Department (Graduate)  Phone

VA Office Use Only

☐ Transfer Credit Evaluation (1/2 sheet) submitted

VA Certifying Official

University of Hawai‘i at Mānoa
2600 Campus Road, QLC 010
Honolulu, HI 96822
Phone: (808) 956-8010  Fax: (808) 956-7830
University of Hawai‘i at Mānoa

UPDATED TRANSFER CREDIT EVALUATION REQUEST FOR:

- **CONTINUING STUDENTS SEEKING THEIR FIRST BACHELOR’S DEGREE**
  - Please check here if you are a Ka’ie’ie Student
- **STUDENTS ADMITTED (FROM FALL 2008) FOR A SECOND BACHELOR’S DEGREE**

Date ____________________

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>UH ID Number</th>
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Other Institution(s) Attended

Semester Attended

List course(s) being taken

Student Signature

Current Phone No.

Email Address

(FOR ADMISSIONS OFFICE OFFICIAL USE ONLY)

To: ________________________________

From: ________________________________

(TCE Specialist)