KOKUA PROGRAM STUDENT INFORMATION FORM

Name:	UH ID#:
(Last) (First) (Middle Initial)	
Preferred Name:	Preferred Pronoun:
Local Address:	Cell Phone:
City, State, Zip:	
UH Email:@hawaii.edu	
Military Affiliation: ☐ Active Duty: Branch	
Check One: ☐ Current Mānoa Student ☐ Prospective Mānoa	Student
Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Gra	aduate 🗆 Other:
Major/Program:	Projected Graduation Date:
If prospective student, projected start date:	
Please briefly describe the services you are requesting and/or the reason you came to KOKUA:	
Any other information you would like us to know:	
**************************************	*********** Dates form received: Staff initials: Phone In-person Email Intake appt. scheduled with on