



UNIVERSITY of HAWAII*
MAUI
COMMUNITY COLLEGE

REQUEST FOR UH NUMBER

Instructions: Complete this form if you will take the COMPASS Placement Test, and currently do not have a UH Number. Please print clearly.

Legal Name _____
Last First Middle

Mailing Address: _____
Street Address City State Zip Code

*Social Security Number: _____ / _____ / _____
Birthday _____ / _____ / _____
Month Day Year

Daytime Phone Number: _____

*Required to ensure correct data matching with student records in the student database and not as a student identifier.

I certify that the responses provided on this Request for UH Number Form are complete and true to the best of my knowledge and belief.

Student Signature Date

Your UH Number is:

UH Number created by: _____ Date: _____

Original: MCC/Admissions and Records Copy: Student