



UNIVERSITY of HAWAII®  
**KAPI'OLANI**  
COMMUNITY COLLEGE

## SOURCE LIST FORM

Department \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Post-Secondary Schools Attended \_\_\_\_\_

\_\_\_\_\_

Degrees Earned \_\_\_\_\_

\_\_\_\_\_

Other Training \_\_\_\_\_

\_\_\_\_\_

Personal Affiliations \_\_\_\_\_

\_\_\_\_\_

Areas of Expertise \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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