

# UNIVERSITY OF HAWAI'I AT MĀNOA ADMISSIONS APPLICATION FEE

Please submit this form with your admission application. Do not use this form if you are applying for admission to the Graduate Division, School of Law, or School of Medicine.

Name of Applicant: \_\_\_\_\_  
Family/Last Name First Middle

Applicant's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

Application Fee for (check one only):  Fall \_\_\_\_\_  Spring \_\_\_\_\_  
Year Year

Application Fee Amount: **\$70 (U.S.)**

- Method of Payment:  Check (Write the applicant's name and date of birth on the check.)  
Please make check payable to *University of Hawai'i*.  
 Credit Card (*Complete Credit Card Account Information* below.)

Submit completed form to: Office of Admissions & Records  
2600 Campus Road, Room 001  
Honolulu, HI 96822

### Credit Card Account Information

Credit Card Type:  VISA  
 MasterCard

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ (mm/yy)

### Cardholder Information

Name (as printed on card): \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to pay the above amount according to the credit card issuer agreement.**

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Application fees are valid only for the semester specified and are non-refundable and non-transferable.  
Be sure this form is accompanied by your check/money order if you are not paying by credit card.