

UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE PROGRAM SUPPLEMENTAL INFORMATION FORM

Use this form unless otherwise instructed by your graduate program. Check your graduate program requirements at: <http://www.hawaii.edu/graduatestudies/fields/html/fields.htm>.

MAIL-IN THE COMPLETED FORM DIRECTLY TO YOUR INTENDED GRADUATE PROGRAM

Fall 20_____ Intended Graduate Program _____ Degree Objective _____ Concentration / Specialization (if any) _____
 Spring 20_____ _____

Full Legal Name _____ Family / Last _____ First _____ Full Middle _____

Current Mailing Address _____ City / Province _____ State / Country _____ Zip / Postal Code _____

Telephone: _____ Fax: _____ e-mail: _____

List academic honors: e.g. fellowships, other scholarly awards. A curriculum vitae or resume may be submitted in lieu of this statement

Indicate the nature of your activities since you received your undergraduate degree. A curriculum vitae or resume may be submitted in lieu of this statement

Provide the name(s) of the UHM faculty member(s) you have personally communicated with regarding your admission to UHM, if any:

ACADEMIC REFERENCES

Name: _____ Name: _____ Name: _____
 Phone: _____ Phone: _____ Phone: _____

Bachelor's Degree - University/College _____ State/Country _____ Date Awarded _____ Program of Study _____ Grade Point Average _____

Master's Degree - University/College _____ State/Country _____ Date Awarded _____ Program of Study _____ Grade Point Average _____

Name of institution (List below course(s) in progress.)	Course Number	Level of Course Undergraduate or Graduate	Descriptive Title of Course	Credit Hours

SELF-REPORTED STANDARDIZED TEST SCORES - GRE General Test

Verbal	Quantitative	Analytical	Writing	Date	TOEFL

					IELTS _____

I certify that the answers and responses provided on this form are complete and correct to the best of my knowledge and belief.

Signature of Applicant **X** _____ Date: _____