

# UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE DIVISION

University of Hawaii at Mānoa • Graduate Admissions Office • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822  
 Tel: (808) 956-8544, 956-8540 V/T: (808) 956-4257 • Email: [gradadm@hawaii.edu](mailto:gradadm@hawaii.edu) • Web: <http://manoa.hawaii.edu/graduate>

## CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS

INSTRUCTIONS: Use this form ONLY if your financial support is from a non-UH-Mānoa sponsor or organization. Attach original current official bank statement(s) in U.S. dollars if your bank will not use the BANK VERIFICATION section. If sponsored by a government or private organization, an original signed award letter is required. **Photocopies and faxed documents are not acceptable. Bank statements may not be more than 60 days old.**

Mail-in completed form and documentation to the address above.

<b>Distance Education Restrictions</b> International students are restricted in the number of on-line courses they can enroll in while in the U.S. on a student visa. Visit <a href="http://www.hawaii.edu/issmanoa">http://www.hawaii.edu/issmanoa</a> (International Student Services Office website) for additional information.		
<b>2012-2013 Estimated Nine (9) Month Student Budgets</b>  All tuition and fee charges at the University of Hawaii campuses are subject to change in accordance with requirements of State law and/or action by the Board of Regents or university administration.	<b>MBA(Full-time), MAcc &amp; MFE</b> \$45,147  Executive CBA master applicants, contact program for higher budgets.	Nursing graduate program.....\$50,069
		EdD-Professional Practice.....\$44,756
		Other graduate programs.....\$43,629

TYPE OR PRINT CLEARLY. WHERE NOT APPLICABLE, WRITE "N/A".

<input type="checkbox"/> Fall 2012	<input type="checkbox"/> Female	Intended Graduate Program	Degree Objective
<input type="checkbox"/> Spring 2013	<input type="checkbox"/> Male		

### A. APPLICANT INFORMATION AND FUNDING

**Legal Name** \_\_\_\_\_  
 Use names as listed on passport: Family/Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Current Telephone** \_\_\_\_\_

**Permanent Foreign Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State / Country** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_  
MM / DD / YY City and Country

**Country Issuing Your Passport** \_\_\_\_\_ **Country of Legal Permanent Residency** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Name of Employer** \_\_\_\_\_  
If employed by home government, indicate whether city, provincial or central government.

<b>Applicant funds available for first year of study</b>  US\$ _____	I agree to be financially responsible for my expenses at the University of Hawaii at Mānoa for the <u>duration of my study</u> and I will notify the Graduate Admissions Office of any change in my financial circumstances. Confirmation of the first year of support is provided as financial evidence. I certify the information provided on this form is correct and complete to the best of my knowledge.
	Applicant Signature _____ Date _____

**BANK VERIFICATION** This is to certify that the applicant listed above is financially capable of the monetary support indicated above and if the funds are outside the U.S.A., there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on the part of this bank or financial agency.

**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened (MM/YY)** \_\_\_\_\_

**Address of Bank** \_\_\_\_\_

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp** \_\_\_\_\_

### B. ACCOMPANYING DEPENDENTS

Indicate names as listed on passports and provide financial evidence of \$4,000.00 per dependent. If needed, attach sheet with additional dependent required information.

	Last Name / Family Name	First Name	Place of Birth City and Country	Country of Citizenship	Date of Birth MM/DD/YY	Gender Male or Female
Spouse						
Child						
Child						
Child						

<b>For Office Use DSO/DATE:</b>	<input type="checkbox"/> Initial Attendance	<input type="checkbox"/> UHM J-1 Sponsorship	<input type="checkbox"/> Refer to ISS	<input type="checkbox"/> Denied
	<input type="checkbox"/> School Transfer	<input type="checkbox"/> Other J-1 Sponsorship	<input type="checkbox"/> Visa not required	

Name of Applicant \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_

**C. Please check one:**

**GOVERNMENTAL SPONSOR**       **NON GOVERNMENTAL ORGANIZATION (NGO) SPONSOR**

Attach an original signed award letter indicating the duration and amount of award.

Name of Organization \_\_\_\_\_ Yearly Monetary Support in U.S. \$ \_\_\_\_\_

**D. PRIMARY SPONSOR**

By signing below, I \_\_\_\_\_ agree to be financially responsible for the applicant listed in Section A  
**Printed Full Name of Sponsor**

for the duration of his/her study at the University of Hawai'i at Mānoa. Confirmation of the first year of support is provided as financial evidence. I certify that the information provided below is correct and complete to the best of my knowledge.

If sponsor is not a U.S. citizen or permanent resident and are currently residing in the United States, indicate visa status \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK VERIFICATION**

This is to certify that the sponsor listed above is financially capable of the monetary support indicated above and if the funds are outside the U.S.A., there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on the part of this bank or financial agency.

Name of Account Holder \_\_\_\_\_ Type of Account \_\_\_\_\_ Date Opened (MM/YY) \_\_\_\_\_

Address of Bank \_\_\_\_\_

Name of Bank Official \_\_\_\_\_ Title \_\_\_\_\_

Bank Official Signature \_\_\_\_\_ Date \_\_\_\_\_ Bank Seal or Stamp

**E. SECONDARY SPONSOR (IF ANY)**

By signing below, I \_\_\_\_\_ agree to be financially responsible for the applicant listed in Section A  
**Printed Full Name of Sponsor**

for the duration of his/her study at the University of Hawai'i at Mānoa. Confirmation of the first year of support is provided as financial evidence. I certify that the information provided below is correct and complete to the best of my knowledge.

If sponsor is not a U.S. citizen or permanent resident and are currently residing in the United States, indicate visa status \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK VERIFICATION**

This is to certify that the sponsor listed above is financially capable of the monetary support indicated above and if the funds are outside the U.S.A., there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on the part of this bank or financial agency.

Name of Account Holder \_\_\_\_\_ Type of Account \_\_\_\_\_ Date Opened (MM/YY) \_\_\_\_\_

Address of Bank \_\_\_\_\_

Name of Bank Official \_\_\_\_\_ Title \_\_\_\_\_

Bank Official Signature \_\_\_\_\_ Date \_\_\_\_\_ Bank Seal or Stamp