



# UNIVERSITY OF HAWAII AT MĀNOA • OFFICE OF GRADUATE EDUCATION

Student Services • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822

Tel: (808) 956-8544 • TTY: (808) 956-4257 • Email: [gradadm@hawaii.edu](mailto:gradadm@hawaii.edu) • Web: <http://manoa.hawaii.edu/graduate/>

## Doctorate in Same Discipline Admissions Application

### Part I. To be completed by the student

Semester Applying for:  Fall 20\_\_  Spring 20\_\_

Name \_\_\_\_\_ UH ID No. \_\_\_\_\_  
LAST, FIRST, M.I.

Mailing Address \_\_\_\_\_  
STREET APT. NO. CITY STATE ZIP CODE

Master's Program \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
INCLUDE SPECIALIZATION IF APPLICABLE. TERM & YEAR

Intended Doctorate \_\_\_\_\_

Are you currently pursuing a doctorate in another discipline?  Yes  No

Do you already hold a doctorate?  Yes  No

I certify that I have read and understand the policies and instructions for this form.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

### Part II. To be completed by the graduate chair

Approved, for  Fall 20\_\_  Spring 20\_\_

Not Approved \_\_\_\_\_  
REASON FOR DISAPPROVAL

If the student is an international student, indicate whether the student will be receiving a 0.50 FTE graduate assistantship:

No

Yes \_\_\_\_ 9 month GA \_\_\_\_ 11 month GA with the following duties \_\_\_\_ Teaching \_\_\_\_ Research

Step \_\_\_\_ Hire date from \_\_\_\_\_ to \_\_\_\_\_ Dept. of Hire \_\_\_\_\_

I certify that this petition is in compliance with the policies and instructions for this form.

Signature of Graduate Chair \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE OF GRADUATE EDUCATION ACTION

Approved  Not Approved By \_\_\_\_\_ Date \_\_\_\_\_

Remarks

C: Graduate Program CC / CH \_\_\_\_\_

Visa Issuance: Yes No