

UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE ADMISSIONS APPLICATION FORM

Mail to: University of Hawai'i at Mānoa • Office of Graduate Education- Student Services • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822 • Tel: (808) 956-8544 • VT: (808) 956-4257 • Email: graduate.education@hawaii.edu • Web: <http://manoa.hawaii.edu/graduate/>

PLEASE TYPE OR PRINT CLEARLY.

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|---|--|--|--|--|--|--|
| SEMESTER <input type="checkbox"/> FALL 20____ <input type="checkbox"/> SPRING 20____ | 1. ETHNICITY (Check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | RACE (Circle all that apply) See instructions for listing. AA AI CA CH FI GC HW IN JP KO LA MC OA OP SA TH TO VI | GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | BIRTHPLACE (State or Country) U.S. Social Security Number, if any. / / | BIRTH DATE MM DD YY / / | |
| 2. FULL LEGAL NAME (Do not use nicknames. International applicants: Use name as listed on passport.) FAMILY/LAST FIRST FULL MIDDLE | | | | | | |
| 3. OTHER NAMES (under which transcripts, records, or test scores may be issued): | COUNTRY OF CITIZENSHIP <input type="checkbox"/> United States (If you have dual citizenship for the United States and another country, check United States.) <input type="checkbox"/> OTHER _____ Specify country. Indicate immigrant status or visa type in #4. | | 4. NON-U.S. CITIZEN IMMIGRANT STATUS OR VISA TYPE <input type="checkbox"/> U. S. PERMANENT RESIDENT Date Received (MM/DD/YY) _____ <input type="checkbox"/> F-1 VISA <input type="checkbox"/> F-1 VISA ON OPT ending on mm/dd/yy: _____ <input type="checkbox"/> OTHER VISA (specify) _____ | | | |
| CURRENT MAILING ADDRESS | CITY/PROVINCE | STATE/COUNTRY | ZIP/POSTAL CODE | VALID UNTIL (MM/DD/YY) CURRENT TELEPHONE Area Code () | | |
| PERMANENT MAILING ADDRESS | CITY/PROVINCE | STATE/COUNTRY | ZIP/POSTAL CODE | PERMANENT TELEPHONE Area Code () OTHER TELEPHONE Area Code () | | |
| 5. EMAIL ADDRESS FAX NUMBER Area Code () | | | | | | |
| 6. INTENDED GRADUATE PROGRAM AND DEGREE OBJECTIVE (Refer to above website for listing of programs and degrees.) PBU applicants: Leave section blank. Check box 7. | | | | 7. <input type="checkbox"/> POST-BACCALAUREATE UNCLASSIFIED 8. <input type="checkbox"/> CHANGE IN GRADUATE PROGRAM 9. <input type="checkbox"/> READMISSION 10. <input type="checkbox"/> DUAL DEGREE PROGRAM | | |
| Have you applied for graduate or PBU admissions to UHM previously? <input type="checkbox"/> No <input type="checkbox"/> Yes (semester & year) _____ | Were any of your ancestors Hawaiian? (optional) <input type="checkbox"/> No <input type="checkbox"/> Yes | 11. Person authorized by you to access info regarding your application status: | | | | |
| NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED | | STATE or COUNTRY | GRADUATION DATE (MM/YY) | | | |
| SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE. Provide an official transcript from each institution. See page 8 for additional space. List bachelor's degree(s) first; advanced degree(s) second, if any; and all other institutions of college/university level, regardless of the length of attendance. International applicants: List actual name of degree received or expected, DO NOT translate or interpret in terms of U.S. equivalent. | | | | | | |
| FULL NAME OF INSTITUTION (Do not use initials.) | LOCATION (city, state or country) | ENTERED (MM/YY) | THROUGH (MM/YY) | MAJOR or PROGRAM OF STUDY | NAME OF DEGREE or DIPLOMA RECEIVED or EXPECTED | DATE RECEIVED or EXPECTED (MM/YY) |
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| FOR OFFICE USE ONLY APPLICATION FEE CC CH | R N M F J S G C E H TUITION STATUS: by _____ on _____ UH ID: _____ | | | ADMISSIONS TYPE ST (Standard) CC (Concurrent) CH (Change) STUDENT TYPE M R C T GEOG L M I | | |

SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE: Continued from page 1.

| NAME OF INSTITUTION (Do not use initials.) | LOCATION (city, state or country) | ENTERED (MM/YY) | THROUGH (MM/YY) | MAJOR/ PROGRAM OF STUDY | NAME OF DEGREE OR DIPLOMA RECEIVED OR EXPECTED | DATE RECEIVED OR EXPECTED (MM/YY) |
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FOR INTERNATIONAL APPLICANTS ONLY

Provide permanent foreign address, if different from the permanent mailing address provided on previous page.

PERMANENT FOREIGN ADDRESS _____ CITY / PROVINCE _____ STATE / COUNTRY _____ POSTAL CODE _____

How did you learn about the UHM graduate programs? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> a. UHM Web site | <input type="checkbox"/> e. Recruitment Fair | <input type="checkbox"/> i. Newspaper/Advertisement |
| <input type="checkbox"/> b. UHM Alumni | <input type="checkbox"/> f. Other Faculty recommendation | <input type="checkbox"/> j. Parent |
| <input type="checkbox"/> c. UHM Faculty | <input type="checkbox"/> g. Reputation/Strength of Program | <input type="checkbox"/> k. Friend |
| <input type="checkbox"/> d. UHM Brochure | <input type="checkbox"/> h. College/University Guide | <input type="checkbox"/> l. Other _____ |

12. APPLICANT'S CERTIFICATION

I certify that the responses provided on the Graduate Admissions Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission of admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Code. Further, I understand that the UH System shares a common database and information pertaining to me may be accessed by all UH campuses.

Signature _____ Date _____

Attach the completed payment form to the front of your admissions application.

Graduate Admissions or Post-Baccalaureate Unclassified Application Fee Credit Card Payment Form

Semester of Application (Please check one) Fall 20__ Spring 20__ Date of Birth ____/____/XXXX
MM DD YYYY

Name of Applicant _____
FAMILY/LAST FIRST FULL MIDDLE

Credit Card Type: VISA MasterCard Diners

Account Number ____/____/____/____ Expiration date ____/____

Provide the three (3) digit security code located on the back of your credit card at the end of the signature line: ____

Name of Card Holder (As indicated on card) _____
FAMILY/LAST FIRST FULL MIDDLE

Billing Address _____
Number and street Apt. Number City State Zip/Postal Code

Application fee - **US\$100.00**

I agree to pay the appropriate graduate admissions application fee according to the card issuer agreement. I understand that the application fee is non-refundable and non-transferable.

All tuition and fee charges at the University of Hawai'i campuses are subject to change in accordance with requirements of State law and/or action by the Board of Regents or university administration.

Card Holder Signature _____ Date _____