

# 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 • V/T:808.956.4257 • Email: [graduate.education@hawaii.edu](mailto:graduate.education@hawaii.edu) • Web: <http://manoa.hawaii.edu/graduate/>

PLEASE TYPE OR PRINT CLEARLY.

SEMESTER <input type="checkbox"/> FALL 20____ <input type="checkbox"/> SPRING 20____	1. ETHNICITY (Check one) See instructions, page 5.  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	RACE (Circle all that apply) See instructions for listing, page 5.  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 (*See instructions for definitions, page 5.)  <input type="checkbox"/> US Citizen (If you have dual citizenship with the United States and another country, check US.) <input type="checkbox"/> Non-US Citizen* Specify country: _____				<input type="checkbox"/> US National or CFAS Citizenship*  <input type="checkbox"/> U.S. Permanent Resident* (Attach a front and back copy of your "green" card.)	
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)			
<b>SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE.</b> 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. Use page 2 to list additional institutions.							
FULL NAME OF INSTITUTION (Do not use initials.)	City/State or City/Country	Attended from ( MM/YY)	Attended to (MM/YY)	MAJOR or PROGRAM OF STUDY	NAME OF DEGREE or DIPLOMA	EXPECTED/ RECEIVED ( MM/YY)	
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FOR OFFICE USE ONLY APPLICATION FEE  CC CH		<b>R N M F J S G C E H</b>			ADMISSIONS TYPE <b>ST</b> (Standard) <b>CC</b> (Concurrent) <b>CH</b> (Change)		
		TUITION STATUS: by _____ on _____			STUDENT TYPE <b>M R C T</b>		
		UH ID: _____			GEOG <b>L M I</b>		

<b>Name of Applicant</b>	<b>Date of Birth (MM/DD/YY)</b>
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**SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE:** Continued from page 1.

NAME OF INSTITUTION (Do not use initials.)	City/S state or City/Country	Attended from ( MM/YY)	Attended to (MM/YY)	MAJOR/ PROGRAM OF STUDY	NAME OF DEGREE OR DIPLOMA	EXPECTED/ RECEIVED ( MM/YY)
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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. Furthermore, I understand that the UH System shares a common database and information pertaining to me may be accessed by all UH campuses.

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

RESIDENCY: Do you wish to claim residency in the State of Hawai'i?  Yes (Submit the Residency Declaration form.)  No

