

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 • Web: <http://manoa.hawaii.edu/graduate/>

Disclaimer

Information contained herein is subject to change without notice and supersedes information contained in the UHM Catalog. For current information on graduate studies, please visit the UHM Office of Graduate Education web site for prospective students as listed above.

Current Master's Students Applying for Doctorate in Same Discipline

Use this form ONLY if you are completing your master's degree this semester and intend to begin your doctorate in the same discipline next semester.

Application Fee

No application fee waivers or deferments are granted. Application fees are non-refundable and may not be used for an application submitted at a later date. Payment by check or money order must be in U.S. dollars drawn on a U.S. bank and made payable to the "University of Hawai'i." Include your full name and date of birth on payment.

Please Note

Students are not permitted to pursue more than one doctorate at the same time. Those who already hold a doctorate are permitted to pursue an additional doctorate only if the degrees in question are distinct from each other and represent separate bodies of knowledge. The dissertations may not incorporate parts of each other.

To apply, submit the following to the Graduate Student Services Office:

- Application for Admission to a Doctorate in Same Discipline
- Completed admissions application fee payment form
- Confidential Financial Statement for International Applicants*
- East West Center's "Request for Action" Form (for East West Center grantees only)

Submission Deadlines: June 15 for fall admission and November 15 for spring admission. Some doctoral programs may have earlier deadlines.

***International Applicants** - If offered admissions, your visa document (Certificate of Eligibility) will not be issued without proof of sufficient support for your doctoral studies. If you are not being supported by your graduate program, then submit the Confidential Financial Statement form with supporting documents to the Office of Graduate Education-Student Services. This form is found at: <http://manoa.hawaii.edu/graduate/content/forms>.

Doctorate in Same Discipline Admissions Application Fee Credit Card Payment Form

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

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 _____

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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