

UNIVERSITY OF HAWAI'I AT MĀNOA • OFFICE OF GRADUATE EDUCATION

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

CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS

INSTRUCTIONS: Use this form if your financial support is from a non-UH-Mānoa sponsor or organization. Attach copies of your and your dependents (if any) passport bio-data page. Attach original current official bank statement(s) in U.S. dollars or request your bank to complete the BANK VERIFICATION section. If sponsored by a government or private organization, an original signed award letter is required. **Bank statements may not be more than 60 days old.**

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

| | | |
|--|--------------------------------------|---------------------------------------|
| 2017-18 Estimated Nine Month Student Budgets 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 | Other graduate programs.....\$55,148 | Nursing graduate program....\$63,884 |
| | Graduate Architecture.....\$56,148 | EdD-Professional Practice....\$56,660 |

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

| | | | |
|--|--|---------------------------------|------------------------|
| <input type="checkbox"/> Fall 2017 <input type="checkbox"/> Spring 2018 | <input type="checkbox"/> Female <input type="checkbox"/> Male | Intended Graduate Program _____ | Degree Objective _____ |
|--|--|---------------------------------|------------------------|

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.

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| Funds available for first year of study: US\$ _____ Funds are from: (Check all that apply.) <input type="checkbox"/> Applicant <input type="checkbox"/> 1 st Sponsor <input type="checkbox"/> 2 nd Sponsor <input type="checkbox"/> Other: _____ | I agree to be financially responsible for my expenses at the University of Hawai'i at Mānoa for the <u>duration of my study</u> and I will notify the Office of Graduate Education-Student Services 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 for Applicant (if any): 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 | | | | | | |

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

