

# UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE DIVISION

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

Tel: 808.956.8544 • V/T: 808.956.4257 • Email: gradss@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 Graduate Division web site for prospective students as listed above.

## Concurrent Graduate Certificate Program Application Form

Use this application **ONLY** if you are seeking admission to a graduate certificate program and are currently enrolled as a classified graduate student at UHM. If you are not currently enrolled in a graduate program at UHM, follow the standard admissions procedures for prospective students.

## 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.

### Concurrent Graduate Certificate Application Fee Credit Card Payment Form

Attach completed form to the front of your application.

Semester of Application (Please check one)  Fall 20\_\_  Spring 20\_\_

Name of Applicant \_\_\_\_\_  
FAMILY/LAST FIRST FULL MIDDLE

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD

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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## CONCURRENT GRADUATE CERTIFICATE PROGRAM APPLICATION FORM

### 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

Current Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Graduate Program \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
INCLUDE SPECIALIZATION IF APPLICABLE SEMESTER & YEAR

Intended Graduate Certificate \_\_\_\_\_

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

### Part II. To be completed by the Certificate Program Director

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

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

Certificate Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b> APPLICATION FEE <b>CC CH</b> DATE _____	CURRENT TUITION CODE PER SGASTDN: <b>R N M F J S C G E H</b> PROCESSED BY _____ DATE _____	ADMIT TYPE: <b>CC</b> STUDENT TYPE: <b>C</b> GEOG <b>L M I</b>
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