

UNIVERSITY OF HAWAI'I 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 • 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 See instructions for listing, page 5. <input type="checkbox"/> AA <input type="checkbox"/> AI <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> FI <input type="checkbox"/> GC <input type="checkbox"/> HW <input type="checkbox"/> IN <input type="checkbox"/> JP <input type="checkbox"/> KO <input type="checkbox"/> LA <input type="checkbox"/> MC <input type="checkbox"/> OA <input type="checkbox"/> OP <input type="checkbox"/> SA <input type="checkbox"/> TH <input type="checkbox"/> TO <input type="checkbox"/> 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 ____/____/____
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2. FULL LEGAL NAME (Do not use nicknames. International applicants: Use name as listed on passport.)

FAMILY/LAST	FIRST	FULL MIDDLE
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3. OTHER NAMES (under which transcripts, records, or test scores may be issued):

COUNTRY OF CITIZENSHIP (*See instructions for definitions, page 5.)

US Citizen (If you have dual citizenship with the United States and another country, check US.)
 Non-US Citizen*
 Specify country: _____

US National or CFAS Citizenship*
 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
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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:
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NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED

STATE or COUNTRY

GRADUATION DATE (MM/YY)

SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE. 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)
		____/____	____/____			____/____
		____/____	____/____			____/____
		____/____	____/____			____/____
		____/____	____/____			____/____
		____/____	____/____			____/____

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
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Name of Applicant	Date of Birth (MM//DD//YY)
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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)
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___
		___/___	___/___			___/___

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

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 _____