

Supplemental Information Form for Undergraduate International Applicants

Who should complete this form:

- Applicants whose native language is not English,
- Applicants who were born outside the United States and/or who graduated from a foreign high school.
- Applicants requiring an F-1 or J-1 student visa (I-20 or DS-2019).

INSTRUCTIONS:

Please fill out your name as submitted on the System Application Form and high school records. Use the same sequence in your names to avoid confusion in the documentation of your records.

For example, if you file your application (family

Fong Shiu Ling Ann (family first middle)

as your admissions documents

must be submitted under Fong, Shiu Ling Ann and not as Fong, Ann Shiu Ling.

Complete the System Application Form and submit it with the appropriate application fee to your first-choice campus if you have not yet done so. Submit this Supplementary Information Form and all other required documents such as the Test of English as a Foreign Language (TOEFL), Scholastic Assessment Test (SAT-1) scores, if required, and all school transcripts by the specified deadline.

International undergraduate students are required to enroll in a minimum of 12 credit hours per semester. Note: The number of credit hours of on-line coursework is restricted for international students who are physically present in the United States. The estimated Cost of Attendance is calculated based upon two semesters and includes Cost of Living plus Tuition. Contact the campus you are applying to for more information on Cost of Attendance.

Contact Information by Campus						
University of Hawai'i at Manoa	manoa.admissions@hawaii.edu	1-808-956-8975				
University of Hawai'i at Hilo	uhhfao@hawaii.edu	1-808-932-7449				
University of Hawai'i West O'ahu	uhwo.admissions@hawaii.edu	1-808-689-2900				
Hawai'i Community College (on Hawai'i Island)	hawccar@hawaii.edu	1-808-969-8816				
Honolulu Community College	honcc@hawaii.edu	1-808-845-9129				
Kapi'olani Community College	hic@hawaii.edu	1-808-734-9312				
Kaua'i Community College	arkauai@hawaii.edu	1-808-245-8225				
Leeward Community College	lccfao@hawaii.edu	1-808-453-6371				
Maui College	uhmcar@hawaii.edu	1-808-479-6692				
Windward Community College		1-808-235-7449				

<u>SECTION C — CONFIDENTIAL FINANCIAL INFORMATION</u>

Applicants requiring an **I-20** or **DS-2019** for an F-1 orJ-1 (student) visa/status must complete this section. Failure to complete this section may affect compliance with federal immigration regulations requiring non-immigrant student visa holders to document sufficient funds to provide for their academic studies in the United States.

I. <u>Personal information</u>								
1.	Name of stude	nt:			of Birth:			
•		Family	First	Middle				
	Permanent address in home country:							
3.	City & Country of Birth:							
4.	Do you plan to enter the U.S. from abroad? No Yes							
5.	Do you currently hold a U.S. visa? No Yes If yes, type of visa:							
6.	5. Name of school that issued your last I-20 or DS-2019:							
7.	7. If in the U.S., give your SEVIS I.D. number:							
8. If you plan to bring dependents(F2), list their names and information in the space below. Provide evidence that approximately \$4,000 per year/ per dependent is available above the amount required for yourself:								
Naı	me	SEVIS I.D.#	City & Country of Birth	Country of Citizenship	Relationship	Gender		
			U Familia and	C	I.			
			II. <u>Family or </u>	Sponsors Support				
	. Name of sponsor:Phone:							
	.0. Address:Email:							
11. Relationship to student: Yearly amount of student support in U.S. \$12. If you expect to receive a grant/loan, please provide the name and address of the sponsoring agency:								
<u>CERTIFICATION</u>								
By signing this affidavit of support, I (or my organization) agree to be financially responsible for the student indicated above by way of tuition, fees, living and any other relevant expenses for the duration of this student's enrollment at the University of Hawaii.								
Printed Name:		Signatur	Signature: Date:					
Printed Name: Signature: Date:								
	3. Name of bank (agency):Country:							
	. Name of account holder: Date account opened: (MM/DD/YYYY):							
16. Type of account: ☐Checking ☐Savings ☐Certificate of deposit								
17. Confirmed by bank employee:								
	Printed Name: Title:							
	Signature:Date:							