



UNIVERSITY OF HAWAII System Application Form

PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE BOTH SIDES OF THIS FORM, DETACH, AND SUBMIT TO THE CAMPUS ADMISSIONS OFFICE. TO APPLY ONLINE, VISIT www.hawaii.edu/admissions

SEMESTER ENTERING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING	SOCIAL SECURITY NUMBER ____/____/____	LEGAL NAME: LAST/FAMILY	FIRST/GIVEN	FULL MIDDLE	ANY OTHER NAMES USED ON TRANSCRIPTS, ETC.
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CURRENT MAILING ADDRESS: NUMBER STREET	CITY OR PROVINCE	STATE OR COUNTRY	ZIP/POSTAL CODE	UNTIL month/day/year	PHONE (home)
					(cell)

PERMANENT MAILING ADDRESS: NUMBER STREET	CITY OR PROVINCE	STATE OR COUNTRY	ZIP/POSTAL CODE	(work)
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GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHDATE month/day/year __/__/__	BIRTHPLACE (state or foreign country)	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____ (specify country)	NON-US CITIZEN—VISA TYPE (attach copy of green card, if any) <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> Permanent Resident—DATE REC _____ <input type="checkbox"/> OTHER (specify) _____
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WERE ANY OF YOUR ANCESTORS HAWAIIAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ETHNICITY (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	RACE (check one or more) See instructions for listing AA AI CA CH FI GC HW IN JP KO LA MC OA OP SA TH TO VI	E-MAIL ADDRESS
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NAME OF HIGH SCHOOL GRADUATED/WILL GRADUATE FROM	CITY	STATE/COUNTRY	MONTH/YEAR GRADUATED/WILL GRADUATE ____/____
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LIST EVERY COLLEGE, UNIVERSITY, BUSINESS AND POST-SECONDARY SCHOOL ATTENDED, INCLUDING ANY UH CAMPUS, AND THE ONE YOU ARE CURRENTLY ENROLLED IN, IF ANY.

NAME OF INSTITUTION (Do not use abbreviations) LIST MOST RECENT FIRST	CITY/STATE OR CITY/COUNTRY	ATTENDED/ ATTENDING		MAJOR	NAME OF DEGREE, DIPLOMA, OR CERTIFICATE	MONTH/YEAR EXPECTED OR RECEIVED
		FROM MONTH/YR	THROUGH MONTH/YR			
						____/____
						____/____
						____/____
						____/____
						____/____

COMPLETE THIS SECTION IF YOU ARE CURRENTLY ENROLLED IN A COLLEGE OR UNIVERSITY (attach additional sheet if necessary).

NAME OF COLLEGE OR UNIVERSITY CURRENTLY ATTENDING	LOCATION (CITY/STATE)	TERM/YEAR CURRENTLY ENROLLED IN
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COURSES CURRENTLY ENROLLED IN	DEPARTMENT	COURSE NO.	CREDIT HOURS
Example: World Civilization I	History	151	3 sem hrs

IF YOU HAVE PREVIOUSLY APPLIED FOR ADMISSION TO A UH CAMPUS, INDICATE THE SEMESTER, YEAR, AND DECISION TAKEN. CAMPUS APPLIED TO _____ SEMESTER/YEAR _____ <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED	DO YOU PLAN TO ATTEND: <input type="checkbox"/> DAY CLASSES <input type="checkbox"/> EVENING CLASSES <input type="checkbox"/> BOTH
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LIST YOUR CHOICE OF CAMPUSES, MAJORS, AND CERTIFICATES/DEGREES YOU ARE SEEKING.

CAMPUS	MAJOR	CERTIFICATE/DEGREE
1. _____	_____	_____
2. _____	_____	_____

APPLICANT'S CERTIFICATION

I certify that the responses provided on the System 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 or denial of my admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Conduct Code. I agree to produce certified documents relative to the determination of my residency status upon request and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided for in the University's rules and regulations governing the determination of residency for admission and tuition purposes. Further, I understand that the UH System shares a common database and information pertaining to me may be accessed by all UH campuses.

Date _____ Signature _____

FOR OFFICE USE ONLY

ID _____	TUITION STATUS	FEE PAYMENT Rec'd _____ # _____ By _____
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