



UNIVERSITY OF HAWAII AT HILO

Application Form

UNIVERSITY
of HAWAII*

HILO

Academic Year _____ - _____

PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE THIS FORM AND
SUBMIT IT TO THE ADMISSIONS OFFICE.

<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____		Social Security # _____	Legal Name: Family/Last _____		First/Given _____	Full Middle _____	Any Other Names Used _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (MM/DD/YY) ____/____/____	Birthplace (State or Foreign Country) _____		Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other _____		Non-US Citizenship--Visa Type (Attach copy-greencard) <input type="checkbox"/> Student Visa <input type="checkbox"/> Immigrant - Date Rec _____ <input type="checkbox"/> Other _____	
Name of High School Graduated / Will Graduate From _____				State / Country of High School _____		Graduation Date ____/____/____	
Current Mailing Address: Street _____		City/Province _____	State/Country _____	Zip/Postal Code _____	Until (M/D/Y) _____	Phone Number(s) _____	
Permanent Address: Street _____		City/Province _____	State/Country _____	Zip/Postal Code _____			
Email Address(es) _____					Were any of your ancestors Hawaiian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity (Select One)		Race (Select One or more)					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		<input type="checkbox"/> African or Black (AA) <input type="checkbox"/> American Indian (AI) <input type="checkbox"/> Caucasian / White (CA) <input type="checkbox"/> Asian Indian (IN) <input type="checkbox"/> Chinese (CH) <input type="checkbox"/> Filipino (FI)		<input type="checkbox"/> Japanese (JP) <input type="checkbox"/> Korean (KO) <input type="checkbox"/> Laotian (LA) <input type="checkbox"/> Thai (TH) <input type="checkbox"/> Vietnamese (VI) <input type="checkbox"/> Other Asian (OA)		<input type="checkbox"/> Native Hawaiian / Part-Hawaiian / Mixed-Hawaiian (HW) <input type="checkbox"/> Samoan (SA) <input type="checkbox"/> Tongan (TO) <input type="checkbox"/> Guamanian / Chamorro (GC) <input type="checkbox"/> Micronesian (MC) <input type="checkbox"/> Other Pacific Islander (OP)	
List your choice of Campuses and Academic Program you are seeking							
Campus _____				Academic Program _____			
List every College, University, Business and Post-Secondary School Attended, including any UH Campus, and the one you are currently attending, if any							
Name of Institution (Do not use initials) List most recent first	Attach additional sheet if necessary	City / State or City / Country	Attended / Attending From To (MM/YY) (MM/YY)	Major	Name of Degree, Diploma or Certificate	MM / YY Expected/ Received	
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			--				
			--				
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 _____		Credit Hours _____	Location (City / State) _____		Term/Year Currently Enrolled _____		
APPLICANT'S CERTIFICATION							
<p>I certify that the answers and responses provided for all of the items on the University of Hawaii at Hilo 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 my admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Conduct Code. Furthermore, I understand that I may be required to produce certified documents relative to the determination of my residency status 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.</p>							
Date _____		Signature _____					
(By entering your last name on the line above, you agree that it is the same as your signature)							
RESIDENCY: Do you wish to claim residency in the State of Hawaii? <input type="checkbox"/> Yes (submit Residency Declaration) <input type="checkbox"/> No							