



UH HILO UNCLASSIFIED - SECONDARY CAMPUS APPLICATION FORM

*PRIMARY CAMPUS: COMMUNITY COLLEGE

*FINANCIAL AID SOURCE: COMMUNITY COLLEGE

*SECONDARY CAMPUS: UH HILO

Who submits this form:

Students enrolled or planning to enroll at a community college campus in the University of Hawai'i system who wish to be admitted and eligible to take one or more courses concurrently through the University of Hawai'i at Hilo.

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

EMAIL OR FAX THIS FORM TO: University of Hawaii at Hilo Admissions Office 200 W. Kawili Street Hilo, HI 96720-4091 uhhadm@hawaii.edu Fax: (808) 932-7459		SEMESTER & YEAR ENTERING <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ Community College Home Campus _____ <input type="checkbox"/> UH Hilo UNCLASSIFIED SECONDARY CAMPUS		
UH ID Number or UH username	Legal Name: Last	First	MI	Birthdate (mm/dd/yyyy) / /
Current Mailing Address: Street		City/Province	State/Country	Postal Code
Mailing Address Valid Until (mm/dd/yyyy) / /	Phone Number () -		Email Address	
Permanent Address: Street		City/Province	State/Country	Postal Code
By entering your name here, you agree that it is the same as your signature. Signature _____			Date (mm/dd/yyyy) / /	