



UNIVERSITY OF HAWAII 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 _____		Social Security # _____		Legal Name: Family/Last _____		First/Given _____		Full Middle _____		Any Other Names Used _____		
<input type="checkbox"/> Spring _____												
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-green card) <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"/> African or Black (AA)		<input type="checkbox"/> Japanese (JP)		<input type="checkbox"/> Native Hawaiian / Part-Hawaiian / Mixed-Hawaiian (HW)						
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> American Indian (AI)		<input type="checkbox"/> Korean (KO)		<input type="checkbox"/> Samoan (SA)						
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"/> Caucasian / White (CA)		<input type="checkbox"/> Laotian (LA)		<input type="checkbox"/> Tongan (TO)						
		<input type="checkbox"/> Asian Indian (IN)		<input type="checkbox"/> Thai (TH)		<input type="checkbox"/> Guamanian / Chamorro (GC)						
		<input type="checkbox"/> Chinese (CH)		<input type="checkbox"/> Vietnamese (VI)		<input type="checkbox"/> Micronesian (MC)						
		<input type="checkbox"/> Filipino (FI)		<input type="checkbox"/> Other Asian (OA)		<input type="checkbox"/> Other Pacific Islander (OP)						
List your choice of Campuses and Academic Program you are seeking												
Campus _____						Academic Program _____						
_____ University of Hawai'i Hilo _____												
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

I certify that the answers and responses provided for all of the items on the **University of Hawai'i 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.

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? Yes (submit [Residency Declaration](#)) No