



UNIVERSITY
of HAWAII®
HILO

Returning Student Application Form

WHO SUBMITS THIS FORM:

UH Hilo Students who:

- Stopped-out of UH Hilo for one (1) semester and wish to re-enroll
- Graduate this semester and intend to re-enroll next semester
- Are pursuing internships and cooperative education programs off island and wish to re-enroll

All others should complete the UH Hilo Online Application and pay the \$50 application fee.

If you have completed a term at another college during the stop-out semester (excluding NSE and Study Abroad), you will need to apply for admission as a transfer student using either the online application or UH Hilo/System Application form.

WHEN TO SUBMIT THIS FORM BY:

Fall Semester: July 1 Spring Semester: December 1
(Applications submitted after these dates will be considered for unclassified admission.)

UH ID or UH Username	Legal Name: Last	First	MI	Birthdate (mm/dd/yyyy) / /		
INDICATE YOUR STATUS <input type="checkbox"/> Stop-out for one (1) semester <input type="checkbox"/> Internship or Cooperative Education Program <input type="checkbox"/> Graduate this semester/Re-enroll next semester		INTENDED MAJOR				
		SEMESTER RE-ENROLLING <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____				
Current Mailing Address: Street		City/Province	State/Country	Zip Code	Until (mm/yy)	Phone Number / ()
Permanent Address: Street		City/Province	State/Country	Zip Code	email address	

Please explain the reason(s) for your leave of absence:

Certification: I certify that the answers and responses provided for all the items on the Returnee Form are true to the best of my knowledge and belief. I understand that providing incorrect or false information will 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 Tuition Purposes*.

Signature _____ Date _____
(By entering your name on the line above, you agree that it is the same as your signature.)

MAIL OR FAX THIS FORM TO:

Admissions Office: University of Hawai'i at Hilo, 200 W. Kawili Street, Hilo, HI 96720-4091
Fax: (808) 932-7459