FALL 2017 M.ED. COHORT APPLICATION CHECKLIST

☐ UH-Hilo Graduate Application Form
☐ $50 Application Fee
☐ Personal Statement
☐ Proof of Teaching License
☐ Three Professional Letters of Recommendation
☐ Official Transcripts from All Colleges or University Attended
☐ Resume

Please send materials to:
UH-Hilo Graduate Admissions
Attn: Mahealani Jones
200 W. Kawili Street
Hilo, HI 96720

Questions:
Michele Ebersole, School of Education Chair
mebersol@hawaii.edu or (808) 932-7108
UNIVERSITY OF HAWAI‘I AT HILO  
Application Form  

Academic Year ___________ - ___________  

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

<table>
<thead>
<tr>
<th>Fall</th>
<th>Social Security #</th>
<th>Legal Name: Family/Last</th>
<th>First/Given</th>
<th>Full Middle</th>
<th>Any Other Names Used</th>
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Gender  
Male  
Female  

Birthdate (MM/DD/YY)  
Birthplace (State or Foreign Country)  
Citizenship  
Non-US Citizenship—Visa Type (Attach copy-green card)  
- Student Visa  
- Immigrant - Date Rec.  
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?  
Yes  
No  

Ethnicity (Select One)  
- Hispanic or Latino  
- Not Hispanic or Latino  
- Asian  
- African or Black  
- Pacific Islander  
- Hawaiian  
- Other  

Race (Select One or more)  
- African or Black (AA)  
- Japanese (JP)  
- Native Hawaiian / Part-Hawaiian / Mixed-Hawaiian (HW)  
- Caucasian (CA)  
- Asian (IN)  
- Other Asian (OA)  
- Other Pacific Islander (OP)  
- American Indian (AI)  
- Korean (KG)  
- Samoan (SA)  
- Laotian (LA)  
- Thai (TH)  
- Guamanian / Chamorro (GC)  
- Micronesian (MC)  
- Tongan (TO)  

List your choice of Campuses, Majors, and Certificates/Degrees you are seeking  

<table>
<thead>
<tr>
<th>Campus</th>
<th>Major</th>
<th>Certificate / Degree</th>
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<tbody>
<tr>
<td>University of Hawai‘i at Hilo</td>
<td></td>
<td>M.Ed.</td>
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</table>

List every College, University, Business and Post-Secondary School Attended, including any Lih Campus, and the one you are currently attending, if any  

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City / State</th>
<th>Started / Attending</th>
<th>Expected/Received Degree, Diploma</th>
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</thead>
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<tr>
<td>(Do not use initials)</td>
<td>or</td>
<td>(MM/YY)</td>
<td>(MM/YY)</td>
</tr>
</tbody>
</table>

List most recent first if necessary  

<table>
<thead>
<tr>
<th>City / Country</th>
<th>MM/YY</th>
<th>Major</th>
<th>Certificate</th>
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APPLICANT’S CERTIFICATION  

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

Date  
Signature  

By entering your last name in the line above, you certify that this is the same as your signature.  

RESIDENCY: Do you wish to claim residency in the State of Hawaii?  
Yes (submit Residency Declaration)  
No
UNIVERSITY OF HAWAI‘I AT HILO
Master of Education (M.Ed.Degree)
Academic Year ___________________________

**Applicant:** Before requesting a recommendation, please check and sign in accordance with the Family Education Rights Act of 1974.

- □ waive
- □ do not waive my right of access to this recommendation

Signature:_________________________ SS#:_________________________ Date________________

Name:_________________________

Last First Middle

**Writer of Recommendation:** The M.Ed. Program seeks your input regarding the applicant’s ability to pursue and maintain success in graduate studies. This recommendation should be completed only if you have directly observed or supervised the applicant.

For how long and in what capacity have you known the applicant?_________________________________

In order to assess the applicant’s qualifications for graduate study, please provide specific information on the quality of the applicant’s teaching experience, ability to pursue graduate study, and general character.

Print Name:_________________________ Signature:_________________________ Date:________________

Position:_________________________ Institution:_________________________ Phone:________________

Please mail recommendation to: Graduate Division, University of Hawai‘i at Hilo, 200 W. Kawili St., Hilo, HI 96720-4091
To Be Completed by All Applicants:

<table>
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<tr>
<th>Legal Name: Family/Last</th>
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<th>Middle</th>
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<tbody>
<tr>
<td>Social Security Number</td>
<td>Field of Study</td>
<td>Application Term</td>
</tr>
</tbody>
</table>

**Statement of Objectives**

In narrative form, describe your personal objectives for graduate study and your long-term professional goals. Please use an attachment if you need more space.