International Student Supplemental Application

(For application to Graduate Programs)

Graduate Division / 200 West Kawili St. Hilo, HI 96720-4091 / CoBE Building (Wai'ōlino) Room 201 / Phone: (808) 932-7927 / E-mail: hilograd@hawaii.edu

- Use names exactly as they appear on your Passport.
- This form is required for all international applicants

SECTION I: Applicant Information:

Check One:

☐ International Student (Student requiring student Visa sponsorship)

☐ Pacific Island Exemption (Cook Islands, Federated States of Micronesia, Futuna, Kiribati, Nauru, New Caledonia, Niue, Rapa Nui, Republic of Palau, Republic of the Marshall Islands, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis)

Graduate Program Applying for:

Name as it appears on your Passport:

Family/Last Name: First Name: Middle Name:

Date of Birth (MM/DD/YYYY): City of Birth:

Country of Birth: Country of Citizenship:

Email Address: Current Telephone:

Permanent Address in Home Country:

State/Country: City: Postal Code:

Please provide any additional relevant information below:

SECTION II: Applicant's Certification

I certify that the information I have given on this form is complete and correct to the best of my knowledge and that I have not attended any educational institutions other than those listed. I understand that application materials will become the property of the University of Hawai'i at Hilo and will not be returned to me nor be available for distribution.

Applicant Signature: Date (MM/DD/YYYY):