

UNIVERSITY OF HAWAII AT MĀNOA - GRADUATE ADMISSIONS APPLICATION FORM FOR ADB

Return this application together with your ADB-JSP Scholarship application to Award Services/ATTN: ADB-JSP Scholarship, East-West Center, 1601 East-West Road, JAB 2066, Honolulu, Hawaii 96848-1601 postmarked no later than November 1, 2009.

PLEASE TYPE OR PRINT CLEARLY.

SEMESTER <input checked="" type="checkbox"/> FALL 2010 <input type="checkbox"/> SPRING 2011	1. U.S. SOCIAL SECURITY NUMBER, IF AVAILABLE. _____ / _____ / _____	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHPLACE (State or Country)	BIRTH DATE MM DD YY / /	2. ETHNICITY	
3. FULL LEGAL NAME (Do not use nicknames. International applicants: Use name as listed on passport.) FAMILY/LAST _____ FIRST _____ FULL MIDDLE _____						
4. OTHER NAMES (under which transcripts, records, or test scores may be issued):		COUNTRY OF CITIZENSHIP <input type="checkbox"/> United States (If you have dual citizenship for the United States and another country, check United States.) <input type="checkbox"/> OTHER _____ Specify country. Indicate immigrant status or visa type in #5.		5. NON-U.S. CITIZEN IMMIGRANT STATUS OR VISA TYPE <input type="checkbox"/> U. S. PERMANENT RESIDENT Date Received (MM/DD/YY) _____ <input type="checkbox"/> F-1 STUDENT VISA <input type="checkbox"/> OTHER VISA (specify) _____		
CURRENT MAILING ADDRESS			CITY/PROVINCE	STATE/COUNTRY	ZIP/POSTAL CODE	
					VALID UNTIL (MM/DD/YY)	
					CURRENT TELEPHONE Area Code ()	
PERMANENT MAILING ADDRESS			CITY/PROVINCE	STATE/COUNTRY	ZIP/POSTAL CODE	
					PERMANENT TELEPHONE Area Code ()	
					OTHER TELEPHONE Area Code ()	
6. EMAIL ADDRESS _____ FAX NUMBER _____ Area Code ()						
7. INTENDED GRADUATE PROGRAM (See pages B-1 through B-3.)				DEGREE OBJECTIVE		
				8. <input type="checkbox"/> CHANGE IN GRADUATE PROGRAM		
				9. <input type="checkbox"/> DUAL DEGREE PROGRAM		
Have you applied for graduate admissions to UHM previously? <input type="checkbox"/> No <input type="checkbox"/> Yes (semester & year) _____		Were any of your ancestors Hawaiian? (optional) <input type="checkbox"/> No <input type="checkbox"/> Yes		10. Person authorized by you to access info regarding your application status:		
NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED			STATE or COUNTRY	GRADUATION DATE (MM/YY)		
SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE. Provide an official transcript from each institution. See page D-4 for additional space. List bachelor's degree(s) first; advanced degree(s) second, if any; and all other institutions of college/university level, regardless of the length of attendance. International applicants: List actual name of degree received or expected, DO NOT translate or interpret in terms of U.S. equivalent.						
FULL NAME OF INSTITUTION (Do not use initials.)	LOCATION (city, state or country)	ENTERED (MM/YY)	THROUGH (MM/YY)	MAJOR or PROGRAM OF STUDY	NAME OF DEGREE OR DIPLOMA RECEIVED or EXPECTED	DATE RECEIVED or EXPECTED (MM/YY)
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FOR OFFICE USE ONLY APPLICATION FEE CC CH		R N M F J S G C E H TUITION STATUS: by _____ on _____ UH ID: _____		ADMISSIONS TYPE ST (Standard) CC (Concurrent) CH (Change Field) STUDENT TYPE M R C T GEOG L M I		

SIGNATURE REQUIRED ON NEXT PAGE

SUMMARY OF COLLEGE/UNIVERSITY ATTENDANCE: Continued from page D-3.

NAME OF INSTITUTION (Do not use initials.)	LOCATION (city, state or country)	ENTERED (MM/YY)	THROUGH (MM/YY)	MAJOR/ PROGRAM OF STUDY	NAME OF DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED (MM/YY)
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FOR INTERNATIONAL APPLICANTS ONLY

Provide permanent foreign address, if different from the permanent mailing address provided on previous page.

PERMANENT FOREIGN ADDRESS _____ CITY / PROVINCE _____ STATE / COUNTRY _____ POSTAL CODE _____

11. CERTIFICATION OF APPLICANT

I hereby certify that the answers and responses for all items on this 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 admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Code.

Signature of Applicant  _____ Date _____