Application Packet
F1 Student Visa Applicants

Please send to:

University of Hawai‘i Maui College
Maui Language Institute
Mailbox #84
310 West Kaʻahumanu Avenue
Kahului, HI 96732
U.S.A.

maui.hawaii.edu/mli

Office: (808) 984-3499
Fax: (808) 984-3587
Application Packet Checklist

F1 Student Visa Applicant

(Keep this page for your records)

Before you send your application packet, please make sure you have completed and enclosed all the required documents.

For your convenience, please refer to the checklist below:

1. MLI Application Form
2. Bank Statement Reflecting Approximately $32,000
3. Affidavit of Financial Support (ONLY if you will be financially supported by another source other than your own money)
4. Health Certificate Form
5. Proof of Medical Insurance Form
6. $75 Application Fee (Non-Refundable) must be sent with the application packet (Payment of fee must be in the form of a cashier’s check or international money order made out to: UH Maui College)
7. Tuition Payment is due on your first day. (MLI tuition payment must be in the form of a cashier’s check or international money order made out to: UH Maui College)
**APPLICATION FORM**

### BACKGROUND INFORMATION

**NAME:** _______________________________________________________________  
(Family Name),  (Given Name)  (Middle)

**ADDRESS:** ____________________________________________________________

**CITY:** ________________  **STATE / PROVINCE:** ________________

**COUNTRY:** ________________  **POSTAL CODE:** ________________

**TELEPHONE NUMBER:** ____________  -  ____________  -  ____________  
(country code)  (area code)  (number)

**EMAIL ADDRESS:** _______________________________________________________

**DATE OF BIRTH:** (Month) ________  (Day) _____  (Year)________

**AGE:** ________________

**COUNTRY OF BIRTH:** _________  **COUNTRY OF CITIZENSHIP:** ________

**GENDER:**  Male [   ]  Female [   ]

### MLI INFORMATION

**When do you plan to begin MLI?**  (Month) ________  (Day) ________  (Year) ________

**When do you plan to leave MLI?**  (Month) ________  (Day) ________  (Year) ________

### HOW DID YOU HEAR ABOUT US?

[   ] MLI Website  [   ] Study USA  [   ] Friend/Family  [   ] MLI Student

[   ] Other (Please specify): _______________________________________________
HEALTH CERTIFICATE FORM

To be accepted at the Maui Language Institute, students must comply with Hawai‘i’s health requirements by completing the Health Certificate Form and the UHMC Health Clearance Form attached separately.

Please note that the Health Certificate Form has 2 parts. Both parts must be completed. Please fill out the first three lines of the UHMC Health Clearance Form. You may leave “UH Number or SSN” blank.

<table>
<thead>
<tr>
<th>Student Name: __________________________________________</th>
<th>Date of Birth: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Name</td>
</tr>
</tbody>
</table>

PART I:

Students must have a Measles/MMR Immunization to be enrolled at the Maui Language Institute.

Measles/MMR Immunization

Measles/MMR immunization may be waived if you can choose one of the following 3 options:

1. [ ] I was born before 1957

   Students who choose option 2 or 3 must have a physician fill out the following information below:

2. [ ] I have already had the required two Measles/MMR immunization doses:

   Measles/MMR immunization First Dose (month/year): ____________

   Measles/MMR immunization Second Dose (month/year): ____________

3. [ ] There is serologic evidence of immunity for measles, mumps and rubella:

   Date of Positive Rubella IgG (blood test): ______________

   Date of Positive Mumps IgG (blood test): ______________

   Date of Positive Rubeola IgG (blood test): ______________

Name and Address of Clinic / Hospital: ________________________________

______________________________________________________________

Print name of Physician: __________________________________________

Signature of Physician: _____________________________ Date: ___________
PART II:

Students must have a Tuberculin Examination (TB Test) to be enrolled at the Maui Language Institute.

Students **MUST** take the TB Test *in the United States*. TB Tests from other countries are **NOT** admissible.

**Tuberculin Examination (TB Test)**

- I will get a TB Test at the UHMC Health Center upon arrival in the U.S.

**Proof of Medical Insurance Form**

All international students must have health coverage while attending MLI.

**Medical Insurance Options**

- I have my own health coverage that is valid in the U.S. and I have attached a copy of the health insurance plan.
  
  OR

- I will have my own coverage that is valid in the U.S. when I arrive to Maui and I will provide MLI a copy of my health insurance plan on the first day of class.
Affidavit of Financial Support Form

(Only necessary if you will be financially supported from another source than your own money. Please include your source's bank statement.)

Student Name: ________________________________________________

By signing this affidavit of support, I agree to be financially responsible for the student indicated above by way of tuition, fees, living and any other relevant expenses for the duration of this student's enrollment at the Maui Language Institute, University of Hawai‘i–Maui College.

Print Name: ________________________________________________

Signature: ________________________________________________

Relationship to Student: _______________________________________

Date: ________________________________________________