Application Packet
Non-F1 Student Visa Applicants

Please send to:

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

maui.hawaii.edu/mli

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

*Non-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. *Health Certificate Form*

3. *Proof of Medical Insurance Form*

4. *$75 Application Fee (Non-Refundable) must be sent with the application packet (must be in the form of a cashier’s check or international money order made out to: UH Maui College)*

5. *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): ________________________________

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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.

| Student Name: ____________________________ Date of Birth: ____________ |                      |
| First Name | Middle Name | Last Name | Month/Day/Year |

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.