



UNIVERSITY of HAWAII*
MAUI COLLEGE

**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
(\$75 Application Fee 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): _____



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.