F-1 Visa Application Packet

Please send to:
Maui Language Institute
University of Hawai‘i Maui College
310 West Kaahumanu Avenue
Kahului, Hawaii, USA 96732

or scan and email to: uhmcmli@hawaii.edu

Checklist:
All applicable documents below must be received for your application to be considered complete. Please include the following when submitting your application:

☐ USD$125 Application Fee*

* Application Fees are non-refundable. This fee is not included in the cost of program prices. Payment for this fee must be submitted with your application. Completed applications must be received by the Application and Payment Deadline. Hawai‘i state residents may qualify for an application fee waiver.

☐ MLI Application Form and Interview

☐ UHMC Health Certificate Form

☐ Copy of passport

☐ Full Payment of tuition and fees
MLI accepts credit card, wire transfer, cashier’s checks or money orders made out to University of Hawaii Maui College.

☐ Bank Statement and Statement of Financial Support Form
All international students who are to be issued a form I-20 must provide an official bank statement providing adequate funds to cover tuition and living expenses estimated at USD$29,517.00 per year (*subject to change).

If the student will be residing with family/sponsor bank statement funds to cover tuition and living expenses are USD $21,274.00 per year (*subject to change).

☐ (optional) Rush Processing and Expedited Delivery Form

Please allow 2-3 weeks to process completed applications. The delivery of I-20 forms typically take 5-7 business days (using US Postal Service) after processing is complete.

Maui Language Institute

Maui Language Institute
maui.hawaii.edu/mli
Phone: +1 808 984-3499
Admissions Application Fee

Application fees are valid only for the term specified and are non-refundable and non-transferable. All applicants are required to make a payment of this non-refundable and non-transferrable application fee (by credit card, wire, money order, or cashier’s check) upon submission of their applications. Applications are not considered complete until the application fee has been received by the University of Hawai‘i Maui College Maui Language Institute.

Application fee is **USD$125**. Hawai‘i residents may be eligible for an application fee waiver. Please complete the Application Fee Waiver form and submit to the Maui Language Institute office for consideration.

Money Order or Cashier’s Check

Payments by money order or cashier’s check should be made payable to: University of Hawai‘i Maui College. The application fee is **USD$125**. Checks must be made out for the exact amount and are accepted via mail or in person.

University of Hawai‘i Maui College
Attn: Maui Language Institute
310 W Kaahumanu Avenue
Kahului, Hawai‘i USA 96732

Credit Card

Payments are also accepted over the phone for credit cards transactions during business hours. Please contact MLI staff email at uhmcml@hawaii.edu to arrange for an appointment either in person, or by phone or internet video conference to conduct credit card transactions or call + 010 1(808)-984-3499 (international charges will apply).

Wire Transfers

Please use the following information for wire transfers:

<table>
<thead>
<tr>
<th>University Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>University of Hawai‘i - Maui Community College</td>
</tr>
<tr>
<td>Taxpayer ID No.</td>
</tr>
<tr>
<td>99-6000354</td>
</tr>
<tr>
<td>Department Address</td>
</tr>
<tr>
<td>310 W Kaahumanu Ave</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Kahului, HI 96732</td>
</tr>
<tr>
<td>Contact Person Name</td>
</tr>
<tr>
<td>Maui Language Institute, Maui</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>(808) 984-3499</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Institution Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Bank of Hawaii</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>P. O. Box 2600</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Honolulu, HI 96846</td>
</tr>
<tr>
<td>ACH Coordinator Name</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>(808) 537-8387</td>
</tr>
<tr>
<td>ACH Routing Transit Number</td>
</tr>
<tr>
<td>121301028</td>
</tr>
<tr>
<td>Depositor Account Title</td>
</tr>
<tr>
<td>University of Hawai‘i General Account</td>
</tr>
<tr>
<td>Account Number</td>
</tr>
<tr>
<td>0001-055569</td>
</tr>
<tr>
<td>Type of Account</td>
</tr>
<tr>
<td>Checking</td>
</tr>
<tr>
<td>Signature of Authorized Bank Official</td>
</tr>
<tr>
<td>Banking Mgr</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>(808) 537-8653</td>
</tr>
</tbody>
</table>

F-1 Rev 05/19/2021
F-1 MLI Application Form

**Applicant Information**

Family Name as it appears on passport ____________________________________________________________________________
First Name ____________________________________________________________________________
Middle ____________________________________________________________________________
Preferred Name ____________________________________________________________________________

Home Country Permanent Mailing Address ____________________________________________________________________________
City ____________________________________________________________________________
Country ____________________________________________________________________________
Postal Code ____________________________________________________________________________

Home Country Telephone ____________________________________________________________________________
Hawaii Telephone ________________________________________________
Email ____________________________________________________________________________

Hawaii Mailing Address ____________________________________________________________________________
City ____________________________________________________________________________
Zip Code ____________________________________________________________________________

Country of Birth ____________________________________________________________________________
Country of Citizenship ____________________________________________________________________________

Birth Date (Month / Day / Year) ____________________________________________________________________________
Gender (circle one): Male ____________________________________________________________________________
Female ____________________________________________________________________________

**MLI Information**

☐ I will be an F1 Visa student
☐ I am entering on a B-2 (tourist) visa or WT status (visa waiver)**

** B-2 (tourist) visa or Visa Waiver applicants may NOT study full time at MLI, but may be eligible for part-time study (16 hours or less) incidental to visiting in Hawaii.

Circle the terms you will be attending: *Visit maui.hawaii.edu/mli/payment-schedule-and-policy

Fall I 2021 ____________________________ Fall II 2021 ____________________________ Spring I 2022 ____________________________ Spring II 2022 ____________________________ Summer 2022 ____________________________
Fall I 2022 ____________________________ Fall II 2022 ____________________________ Spring I 2023 ____________________________ Spring II 2023 ____________________________ Summer 2023 ____________________________

Date you plan to begin MLI: ____________________________
Month ____________ Day ____________ Year ____________

Date you plan to leave MLI: ____________________________
Month ____________ Day ____________ Year ____________

How did you hear about us?

☐ Internet / Website ____________________________ ☐ Family / Friend ____________________________ ☐ Other (please specify): ____________________________
☐ Agent (name):__________________________________________________________________________
The State of Hawai‘i Department of Health (DOH) Hawai‘i Administrative Rules, Title 11 (Chapter 157 and 164.2) requires certain health requirements be met for attendance to a post-secondary institution. Registration is not allowed until all health clearances are met and submitted to the Admissions and Records Office. Health clearances must bear the signature of the practitioner, stamp, or imprinted name of the department or practitioner or name of licensed facility. A practitioner is a physician, advanced practice registered nurse (APRN), or physician assistant (PA) licensed to practice in the United States. This form may be rejected if it is not fully completed and signed in both sections by a U.S. licensed medical practitioner.

NAME: __________________________ Birth Date: ___________ UH ID: ____________

Print Student Last Name, First Name MI

Phone Number: _________________ Address: ________________________________

Are you an international student:  ☐ Yes ☐ No

TUBERCULOSIS (TB) CLEARANCE

I have evaluated the individual named above using the process set out in the State of Hawai‘i DOH TB Clearance Manual and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawai‘i Administrative Rules.

TB Screening Date: ___/___/_________

☐ Negative TB risk assessment

☐ Positive test for TB infection, and negative chest x-ray

☐ Negative IGRA (QuantiFERON / T-SPOT) blood test

☐ Negative test for TB infection

This TB clearance provides a reasonable assurance that the individual was free from tuberculosis disease at the time of the exam. This does not imply any guarantee or protection from future tuberculosis risk.

Signature or Stamp of Practitioner: __________________________ Date: __/__/_________

Print Name of Practitioner: __________________________ Healthcare Facility: ____________

IMMUNIZATION

Immunizations shall include the complete date the vaccine was administered. All immunizations must meet the minimum ages and minimum intervals between doses. For a Religious exemption, see the Admissions and Records Office for the appropriate exemption form. For Medical Exemptions, see a U.S. licensed practitioner. Please refer to the Hawai‘i Department of Health for guidelines on Immunization Requirements and Exceptions to these requirements.

1) Tdap (Tetanus-diphtheria-acellular pertussis) 1 dose: Date: __/__/_______

Note: Valid Tdap dose must be administered on or after 10 years of age. Do not confuse with DTaP (administered to children 0-6 years of age). Tdap was licensed for use in the U.S. in 2005. Doses recorded as “Tdap” with an administration date in the U.S. prior to 2005 should not be counted.

2) MMR (Measles, Mumps, Rubella) 2 doses:

Dose 1 Date: __/__/_______ Dose 2 Date: __/__/_______

Exceptions: ☐ Born before 1957

Note: Mumps titers are no longer accepted for proof of immunity.

3) Varicella (chickenpox) 2 doses:

Dose 1 Date: __/__/_______ Dose 2 Date: __/__/_______

Exceptions: ☐ History of Varicella disease or Herpes Zoster __/_____

☐ Born in U.S. before 1980

Note: Titers are not accepted for proof of immunity.

Signature of Practitioner: __________________________ Date: __/__/_________

Printed Name/Stamp of Practitioner: __________________________ Healthcare Facility: __________________________

Office Use Only: ☐ TB ☐ TB15 ☐ MR ☐ VC ☐ TD ☐ MCV ☐ GOAMEDI ☐ SOAHOLD ☐ OnBase

Add'l Notes: __________________________
HEALTH CLEARANCE FORM (page 2)

NAME: ____________________________  Birth Date: ________  UH ID: ______________

Print: Student Last Name, First Name MI

COMPLETE ONLY IF STUDENT WILL BE LIVING IN ON-CAMPUS HOUSING

☐ Yes  ☐ No  Student will be residing in on-campus housing

☐ Yes  ☐ No  This is the student's first time at this institution and is 21 years or younger

If yes to both, please provide Meningococcal Conjugate (MCV) immunization date: _____/_____/__________ (at least 1 dose, on or after the age of 16 years)

Signature or Stamp of Practitioner: ____________________________  Date: __________________

Print Name of Practitioner: ____________________________  Healthcare Facility: __________________________

COMPLETE ONLY IF STUDENT (UNDER THE AGE OF 18) WILL BE SELECTING TO RECEIVE
HEALTHCARE SERVICES FROM ON-CAMPUS HEALTH FACILITY
(UH Mānoa, UH Hilo, Maui College, Leeward CC)

To be completed by Parent or Legal Guardian if the student is under the age of 18 when seeking health services from the University.

I, the parent/legal guardian of ____________________________ (print student’s name), in consideration of the services rendered by the University of Hawai‘i Health Center, hereby voluntarily and knowingly, authorize and give my express consent to the Health Center for the administration of TB tests, immunizations, medical treatment for illnesses or injuries, and emergency care to the above-named student as deemed necessary by the Health Center staff.

Parent/Legal Guardian Signature: ____________________________  Date: __________________

Print Last Name, First Name: ____________________________
# Emergency Contact Information

## Emergency Contact Information - Local representative/Sponsor/Home-Stay Representative

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone Number</th>
<th>House Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Emergency Contact Information - Your Home Country

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone Number</th>
<th>House Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Bank Statement and Statement of Financial Support Form

This form must be completed for all F1 students who want to study in the United States and need to complete the Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status."

Family Name as it appears on passport  First Name  Date of Birth (Month / Day / Year)

All international students who are to be issued a Form I-20 must provide an official bank statement providing adequate funds to cover tuition and living expenses estimated at USD$29,517.00 per year (*subject to change).

If the student will be residing with family/sponsor who will be providing room, board, and transportation, bank statement funds to cover tuition and living expenses are USD$21,274.00 per year (*subject to change). In addition, the sponsor will need to complete the section below: “Affidavit of Financial Support.”

Bank Statement

☐ Attach bank statement indicating the minimum tuition and living expenses

Statement Of Financial Support

The person who is financially responsible for the student must sign below and attach bank statements or other forms of documents to verify financial support.

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

Print Name: ___________________________ Relationship to Student: ________________

Signature: ___________________________ Date: ___________________________

F-1 Rev 05/19/2021
Rush Processing and Expedited Delivery Form (optional)

This option is for F1 applicants ONLY. I-20 forms can be sent via expedited delivery for an additional charge.

Rush processing and expedited delivery options are available for an additional fee. This service is optional. Request must be signed and payment must be received via email to: uhmcmli@hawaii.edu with the subject “Rush Processing”

Rush applications are only processed once all required documents, application fee payments, and rush fee payments are submitted.

RUSH PROCESSING: 1 - 2 Business Days
EXPEDITED DELIVERY: 3 - 5 Business Days (may vary depending on country)¹
RUSH CHARGE: USD $100 plus mail and shipping (credit card, cashier’s check, money order, or wire)

¹ For many major markets. Actual number of days may vary based on destination and customs delays.

Applicant Information

Please print clearly:

___________________________________ ________________ _______
Family Name as it appears on passport First Name

Mailing Address: ________________________________________ __________________________________
_________________________________________________________________

Country: _____________________________________________ _____________________________

Phone: ______________________________________________ ____________________________

Student or Sponsor Signature

Please rush process my application and expedite delivery of my I-20. I understand that delivery dates may vary depending on the country I live in and processing will not start until the rush charge of USD$100 plus mail/shipping has been received by the Maui Language Institute.

___________________________________ ________________ _______
Student Signature Date

F-1 Rev 05/19/2021