Non F-1 Student Application

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: uhmcml@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

☐ Copy of passport or Government Issued ID

☐ UHMC Health Certificate Form

☐ 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. Tuition and required fees are due 10 business days prior to the first day of scheduled online/in-person class.

*Hawai‘i Resident Applicants Only:

Hawai‘i Residence Application and Fee Waiver Form

Please allow 5-7 business days to process completed applications.
Maui Language Institute
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-transferable 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 Hawaii 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 Hawaii Maui College. The application fee is USD$125. Checks must be made out for the exact amount. Payments are accepted via mail or in person:

University of Hawaii Maui College
Maui Language Institute
310 W Kaahumanu Avenue
Kahului, Hawaii USA 96732

Credit Card

Payments are also accepted over the phone for credit cards transactions during business hours. Please contact MLI staff email at uhmcmlm@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:

| Name: University of Hawaii - Maui Community College | Taxpayer ID No.: 99-6000354 |
| Document Address: 310 W Kaahumanu Ave. | |
| City, State, Zip: Kahului, HI 96732 | Contact Person Name: Maui Language Institute, Laulima 215 |
| Telephone Number: (808) 984-3499 |

| Name: Bank of Hawaii | Telephone Number: (808) 537-8387 |
| Address: P.O. Box 2900 | SWIFT: BOFIUS77 |
| City, State, Zip: Honolulu, HI 96846 | |
| ACH Coordinator Name: | |
| Account Number: 0001-055569 | Type of Account: Checking |
| Signature of Authorized Bank Official: Helen Chang VP & Commercial Banking Mgr. | Telephone Number: (808) 537-8853 |

Rev 05/26/2021
Maui Language Institute
Hawaii Resident Declaration and Admissions Application Fee Waiver Form

Hawaii Resident Declaration and Application for Fee Waiver

The University of Hawai’i is the state’s public institution of higher learning. Public institutions are partially supported by state taxes. Therefore, the University of Hawai’i, like all other public universities in the nation, may charge nonresidents a higher tuition, since non residents do not contribute to the state’s tax base. For more information on what constitutes a Hawai’i resident, please contact our office at uhmcml@hawaii.edu or (808) 984-3499.

Hawai’i residents may qualify for a 10% reduced tuition rate. In the event this application is not accepted, for whatever reason, the student will be responsible for the full cost of tuition and fees. If the student fails to register for the term by the deadline, application will be terminated. Application fees already paid prior to submitting this form are non-refundable and non-transferable.

Last Name ________________________________ First Name ________________________________ Middle ________________________________ Preferred Name ________________________________

Phone ________________________________ Email ________________________________

Permanent Address ________________________________ City ________________________________ Zip Code ________________________________

Please check all that apply:

☐ I am a U.S. citizen and have been physically present in Hawaii for at least 12 consecutive months.
☐ I am a permanent resident (green card) and have been physically present in Hawaii for at least 12 consecutive months.
☐ I have filed a Hawai’i resident personal income tax form.
☐ I have registered to vote in Hawai’i.
☐ I have proof employment in Hawai’i.

Student Certification

I certify that the information provided is 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 my admission. I understand that I may be required to produce certified documents to substantiate my claim for a waiver of the application fee.

Student Signature ________________________________ Date ________________________________

To be eligible for a waiver of the application fee, you must be a permanent resident of the State of Hawaii. Your request must be verifiable.
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 am a Hawaii State resident
☐ I am a United States citizen, or I am a lawful permanent resident (Green Card holder)

US Citizens, Green Card holders, and F1 Visa student applicants: 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: ________________________________
Date you plan to leave MLI: ________________________________

Month Day Year ________________________________
Month Day Year ________________________________

How did you hear about us?

☐ Internet / Website
☐ Family / Friend
☐ Other (please specify): ________________________________
☐ Agent (name): ________________________________

Rev 05/26/2021
HEALTH IMMUNIZATION CLEARANCE FORM

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 ☐SOAHO LD ☐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 - Local representative/Sponsor/Home-Stay Representative

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to student</th>
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### Emergency Contact Information - Your Home Country

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F-1 Rev 05/19/2021