F-1 Visa Application Packet

Please send to:
Maui Language Institute
University of Hawaiʻi 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. Hawaiʻi state residents may qualify for an application fee waiver.

☐ MLI Application Form, Interview and Initial Placement Test

☐ 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 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 and are accepted via mail or in person.

University of Hawaii Maui College  
Attn: 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 uhmcmli@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:

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<table>
<thead>
<tr>
<th>Name</th>
<th>University Information</th>
<th>Taxpayer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Hawaii - Maui Community College</td>
<td>99-6000354</td>
<td></td>
</tr>
<tr>
<td>Department Address</td>
<td>310 W Kaahumanu Ave</td>
<td></td>
</tr>
<tr>
<td>City State Zip</td>
<td>Kahului, HI 96732</td>
<td></td>
</tr>
<tr>
<td>Contact Person Name</td>
<td>Maui Language Institute, Lualima</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(808) 984-3499</td>
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<thead>
<tr>
<th>Name</th>
<th>Financial Institution Information</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of Hawaii</td>
<td></td>
<td>(808) 537-8387</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. O. Box 2900</td>
<td></td>
<td></td>
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<tr>
<td>City State Zip</td>
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<td></td>
</tr>
<tr>
<td>Honolulu, HI 96846</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account Holder Name</td>
<td></td>
<td>BOHIUS77</td>
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<tr>
<td>Account Number</td>
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<tr>
<td>Account Name</td>
<td></td>
<td>University of Hawaii General Account</td>
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<tr>
<td>Account Type</td>
<td></td>
<td>Checking</td>
</tr>
<tr>
<td>Routing Transit Number</td>
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<td>121301028</td>
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<tr>
<td>Depositor Account Title</td>
<td></td>
<td></td>
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<tr>
<td>Signature of Authorized Bank Official</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Telephone Number</td>
<td></td>
<td>(808) 637-8863</td>
</tr>
</tbody>
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F-1 MLI Application Form

**Applicant Information**

Family Name as it appears on passport ____________________________  
First Name ____________________________  
Middle Name ____________________________  
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 2023  
Fall II 2023  
Spring I 2023  
Spring II 2023  
Summer 2023  
Fall I 2024  
Fall II 2024  
Spring I 2024  
Spring II 2024  
Summer 2024  

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): ____________________________  

F-1 Rev 06/02/2023
## 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>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Cell Phone Number</th>
<th>House Telephone</th>
<th>Email</th>
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<td></td>
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</table>

### Emergency Contact Information - Your Home Country

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

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: ___/___/_______

2) MMR (Measles, Mumps, Rubella) 2 doses:  
Dose 1 Date: ___/___/_______  Dose 2 Date: ___/___/_______
Note: Mumps titers are no longer accepted for proof of immunity.
Exceptions: □ Born before 1957

3) Varicella (chickenpox) 2 doses:  
Dose 1 Date: ___/___/_______  Dose 2 Date: ___/___/_______
Exceptions: □ History of Varicella disease or Herpes Zoster  Date: ___/___/_______
□ Born in U.S. before 1980

Signature of Practitioner: __________________________________________ Date: ___/___/_______
Printed Name/Stamp of Practitioner: __________________________ Healthcare Facility: __________________________

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ FOR OFFICE USE ONLY ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

□ TB  □ TB15  □ MR  □ VC  □ TD  □ MCV  □ GOAMEDI  □ SOAHOHD  □ OnBase

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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 06/02/2023*
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 06/02/2023