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: 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, Interview and Initial Placement Test

☐ 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 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:

<table>
<thead>
<tr>
<th>University Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: University of Hawaii - Maui Community College</td>
</tr>
<tr>
<td>Address: 310 W Kaahumanu Ave</td>
</tr>
<tr>
<td>City, State, Zip: Kahului, HI 96732</td>
</tr>
<tr>
<td>Contact Person Name: Maui Language Institute, Lauima 215</td>
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<tr>
<td>Telephone Number: (808) 984-3499</td>
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<tr>
<th>Financial Institution Information</th>
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<tbody>
<tr>
<td>Name: Bank of Hawaii</td>
</tr>
<tr>
<td>Address: P. O. Box 2900</td>
</tr>
<tr>
<td>City, State, Zip: Honolulu, HI 96846</td>
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<tr>
<td>ACH Coordinator Name: Telephone Number: (808) 537-8387</td>
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<tr>
<td>Wire Digit Routing Transit Number: BOHIIUS77</td>
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<tr>
<td>Depository Account Title: University of Hawaii General Account</td>
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<tr>
<td>Depository Account Number: 0001-055669</td>
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<tr>
<td>Type of Account: Checking</td>
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<tr>
<td>Signature of Authorized Bank Official: Helen Chang VP &amp; Commercial Banking Mgr.</td>
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<tr>
<td>Telephone Number: (808) 537-8853</td>
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Rev 06/02/2023
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 uhmcmli@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.
### 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*

<table>
<thead>
<tr>
<th>Term</th>
<th>2023</th>
<th>2024</th>
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<tbody>
<tr>
<td>Fall I</td>
<td>Fall II</td>
<td>Spring I</td>
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<tr>
<td>Fall II</td>
<td>Spring II</td>
<td>Summer</td>
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**Date you plan to begin MLI**: ________________
**Date you plan to leave MLI**: ________________

### How did you hear about us?

- [ ] Internet / Website
- [ ] Family / Friend
- [ ] Other (please specify): ____________________________
- [ ] Agent (name): ____________________________________

*Rev 06/02/2023*
### Emergency Contact Information - Local representative/Sponsor/Home-Stay Representative

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to student</th>
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<tr>
<th>Cell Phone Number</th>
<th>House Telephone</th>
<th>Email</th>
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### Emergency Contact Information - Your Home Country

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F-1 Rev 06/02/2023
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: ___/___/_______

2) MMR (Measles, Mumps, Rubella) 2 doses: Date: ___/___/_______

Dose 1 Date: ___/___/_______  Dose 2 Date: ___/___/_______

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

Exceptions: □ Born before 1957

3) Varicella (chickenpox) 2 doses: Date: ___/___/_______

Dose 1 Date: ___/___/_______  Dose 2 Date: ___/___/_______

Exceptions: □ History of Varicella disease or Herpes Zoster  □ 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  □ SOAHOld  □ OnBase

Revised 07/17/20 UH_SYS-SA  p. 1 of 2