

## 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](mailto: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:

- MLI Application Form, Interview and Initial Placement Test  
*\*MLI is currently accepting applicants based on intermediate placement level or above.*
- 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.*
- 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\$26,105.00** 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 \$17,272.00** 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 10 business days (using US Postal Service) after processing is complete.

## Maui Language Institute

Maui Language Institute  
[maui.hawaii.edu/mli](http://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](mailto: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:

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

Financial Institution Information	
Name Bank of Hawaii	
Address P. O. Box 2900	
City, State, Zip Honolulu, HI 96846	
ACH Coordinator Name	Telephone Number (808) 537-8387
Nine Digit Routing Transit Number 1 2 1 3 0 1 0 2 8	SWIFT BOHIUS77
Depositor Account Title University of Hawaii General Account	
Depositor Account Number 0001-055569	
Type of Account Checking	
Signature of Authorized Bank Official Banking Mgr	Telephone Number (808) 537-8853

# 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](http://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:

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): \_\_\_\_\_

## Emergency Contact Information

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

_____	_____	_____
Last Name	First Name	Relation to student
_____	_____	_____
Mailing Address	City	Country Postal Code
_____	_____	_____
Cell Phone Number	House Telephone	Email

_____	_____	_____
Last Name	First Name	Relation to student
_____	_____	_____
Mailing Address	City	Country Postal Code
_____	_____	_____
Cell Phone Number	House Telephone	Email

### Emergency Contact Information - Your Home Country

_____	_____	_____
Last Name	First Name	Relation to student
_____	_____	_____
Mailing Address	City	Country Postal Code
_____	_____	_____
Cell Phone Number	House Telephone	Email

_____	_____	_____
Last Name	First Name	Relation to student
_____	_____	_____
Mailing Address	City	Country Postal Code
_____	_____	_____
Cell Phone Number	House Telephone	Email



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**HEALTH IMMUNIZATION CLEARANCE FORM**  
**PRINT CLEARLY WITH DARK BLACK INK.**

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. 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 signed by a U.S. licensed medical practitioner.*

UH Campus: \_\_\_\_\_ UH ID: \_\_\_\_\_ Term: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_  
 Are you an International Student:      Yes      No      \*Living on a UH campus: Yes      No

This form has been completed to the best of my knowledge, and I freely consent to this information being used for the purposes of registration at the University of Hawai'i.

Student Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

**Section A: IMMUNIZATIONS** *(To be completed by U.S. licensed medical practitioner.)*

Immunizations shall include the complete date the vaccine was administered. All immunizations must meet the minimum ages and minimum intervals between doses. For more information on Religious or a Medical Exemption visit: <https://www.hawaii.edu/health-clearance/>.

**MMR (Measles, Mumps, Rubella) 2 doses:**      **1st Dose**      **2nd Dose**  
 \*Note: Mumps titers are NO longer accepted for proof of immunity.      Month      Day      Year      Month      Day      Year

EXCEPTION:      Check here if born before 1957

PRINT NAME OF LICENSED MEDICAL PRACTITIONER      SIGNATURE OF LICENSED MEDICAL PRACTITIONER      DATE

U.S. State & License Number      Healthcare Facility

**TDaP (Tetanus-diphtheria-acellular pertussis) 1 dose:**      **1st Dose:**  
 Note: Valid TDaP dose must be administered on or after 10      Month      Day      Year  
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.

PRINT NAME OF LICENSED MEDICAL PRACTITIONER      SIGNATURE OF LICENSED MEDICAL PRACTITIONER      DATE

U.S. State & License Number      Healthcare Facility

**VARICELLA (Chicken Pox) 2 doses:**      **1st Dose:**      **2nd Dose:**  
 \*Note: Titers are NO longer accepted for proof of immunity.      Month      Day      Year      Month      Day      Year

EXCEPTION:      Check here if born in the U.S. before 1980      Check here if history of Varicella disease or Herpes Zoster (Mo/Year):

PRINT NAME OF LICENSED MEDICAL PRACTITIONER      SIGNATURE OF LICENSED MEDICAL PRACTITIONER      DATE

U.S. State & License Number      Healthcare Facility



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SYSTEM

**HEALTH IMMUNIZATION CLEARANCE FORM**  
**PRINT CLEARLY WITH DARK BLACK INK.**

**Section B: IMMUNIZATION FOR ON-CAMPUS HOUSING**

\*Required for new students to the institution planning to live in on-campus housing who are 21 years of age or younger.

**MENINGOCOCCAL (MCV) (Tetanus-diphtheria-acellular pertussis) 1 dose:**      **1st Dose:**  
(At least 1 dose, on or after the age of 16 years.)    Month      Day      Year

PRINT NAME OF LICENSED MEDICAL PRACTITIONER    SIGNATURE OF LICENSED MEDICAL PRACTITIONER    DATE

U.S. State & License Number    Healthcare Facility

**Section C: TUBERCULOSIS (TB) CLEARANCE** (*To be completed by U.S. licensed medical practitioner.*)

The student has been evaluated 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.

Please complete **ONE** of the following:

- 1) **State of Hawai'i Department of Health TB Screening/Risk Assessment Clearance Form F (page 3 below).**  
(If completed and cleared, Form must be attached)

**TB Screening Date:**    **Non-negative TB risk assessment**  
Month      Day      Year

- 2) **PPD Skin Test:**    **Negative Test for TB Infection**  
Month      Day      Year    Induration (mm)

(Note: The skin test must be read 48-72 hours after administration and must be documented in millimeters (mm).)

- 3) **Quantiferon Gold Test/Blood Test Result:**    **Positive      Negative**  
Month      Day      Year

- 4) **Negative Chest X-Ray:**    Month      Day      Year

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 for the individual listed.

PRINT NAME OF LICENSED MEDICAL PRACTITIONER    SIGNATURE OF LICENSED MEDICAL PRACTITIONER    DATE

U.S. State & License Number    Healthcare Facility



## TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health  
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 2/10/17 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

Screening for schools, child care facilities or food handlers <i>(TB Document A or E)</i>
Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> Positive test for TB infection, and negative chest X-ray

Initial Screening for health care facilities or residential care settings <i>(TB Document B or C)</i>
<input type="checkbox"/> Negative test for TB infection (2-step)
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, negative CXR within previous 12 months, and negative symptom screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Annual Screening for Health care facilities or residential care settings <i>(TB Document D)</i>
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, and negative symptoms screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Signature or Unique Stamp of Practitioner: \_\_\_\_\_

Printed Name of Practitioner: \_\_\_\_\_

Healthcare Facility: \_\_\_\_\_

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

## 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\$26,130.00** 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\$17,297.00** 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: \_\_\_\_\_



## 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](mailto: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.

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

<sup>1</sup> 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