

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:

- MLI Application Form, Interview and Initial Placement Test
**MLI is currently accepting applicants with Initial 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.*
- 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 Residence Application and Fee Waiver Form

***Hawai'i Resident Applicants Only:**

Please allow 10 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-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. 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:

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, Laulima 215	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 121301028	SWIFT BOHIUS77
Depositor Account Title University of Hawaii General Account	
Depositor Account Number 0001-055569	
Type of Account Checking	
Signature of Authorized Bank Official	Helen Chang VP & Commercial Banking Mgr Telephone Number (808) 537-8853

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 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.

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 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): _____



UNIVERSITY
of HAWAII[®]
SYSTEM

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



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>
<input type="checkbox"/> 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.