

UHM Summer Sessions Credit Course Application Form

University of **MAILING ADDRESS:** Outreach College, University of Hawai'i at Mānoa, 2440 Campus Road, Box 447,
 Hawai'i Honolulu, HI 96822 ■ Tel: (808) 956-7221 ■ Fax: (808) 956-3752 ■ Email: ochelp@hawaii.edu
 M Ā N O A Office Hours: Mon-Fri, 8:00am-5:30pm

OFFICE USE ONLY	
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Fill in all blanks (except box marked OFFICE USE ONLY) to avoid delay in processing your application.

I. PERSONAL INFORMATION

US SOCIAL SECURITY NO. (UHM STUDENT ID) _____ FULL LEGAL NAME — LAST, FIRST, MIDDLE NAME _____ Gender F M

BIRTHDATE (MO/DAY/YR) _____ BIRTHPLACE (State or Foreign Country) _____ PREVIOUS NAME USED AT UHM _____

CURRENT MAILING ADDRESS _____ STREET _____ APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: RESIDENCE _____ BUSINESS _____ EMAIL ADDRESS _____

PERMANENT MAILING ADDRESS _____ APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

Citizenship USA Other: _____ SPECIFY COUNTRY _____

List visa type: _____

OR submit copy of front and back of your Alien Registration Card

I am applying for: Fall Spring Summer

Ethnic Background (OPTIONAL) _____ (Choose one from below)

AA African Amer. or Black	FI Filipino	KO Korean	MP Mixed Pacific Islander	PI Pacific Islander
AI Amer. Indian or Alaskan Native	GC Guamanian or Chamorro	LA Laotian	MA Mixed Asian	PO Portuguese
CA Caucasian or White	HS Hispanic	MC Micronesian (not GC)	MX Mixed Race (2 or more)	PR Puerto Rican
CH Chinese	HW Native Hawaiian or Part-Hawaiian	ME Middle Easterner	NO No Data	SA Samoan
	IN Asian Indian	MH Mixed Hispanic	OA Other Asian	TH Thai
	JP Japanese		OP Other Pacific Islander	TO Tongan
				VI Vietnamese

SELF-CERTIFICATION I certify that the answers and responses for all of the items on this application are true to the best of my knowledge and belief. I understand that misrepresentation of any fact will subject me to the requirements and/or disciplinary measures as provided under the University's Student Conduct Code. I further understand that I may be required to produce certified documents relevant to the determination of my residency and/or academic eligibility status.

STUDENT'S SIGNATURE _____ TODAY'S DATE _____ Without your signature, the processing of your application form may be delayed.

II. ELIGIBILITY COMPLETE THE FOLLOWING INFORMATION

A I graduated from _____ NAME OF HIGH SCHOOL _____ CITY/STATE AND COUNTRY _____ in _____ MO/YEAR _____

B List every college, university, business and post-secondary school attended, including any UH campus, and the one you are currently enrolled in, if any.

NAME OF INSTITUTION (Do not use initials)	ATTACHED / ATTENDING	CITY / STATE OR CITY / COUNTRY	ATTENDED / ATTENDING		MAJOR	NAME OF DEGREE, DIPLOMA OR CERTIFICATE	MONTH / YEAR DIPLOMA EXPECTED OR RECEIVED
			FROM MONTH / YR	THROUGH MONTH / YR			

C I have never been suspended or dismissed from any college or university.

I was suspended or dismissed (circle one) from _____ COLLEGE/UNIVERSITY _____ CITY/STATE _____ Date Suspended / Dismissed (Mo/Yr) _____

If you have been suspended or dismissed from UH Mānoa, you may be required to contact an Outreach College advisor.

D English is my first (native) language.

English is NOT my first (native) language. (Please answer sections below.)

I took the UHM ELI Placement Test on (MO/YEAR) _____ / _____ .

I took the TOEFL/GRE/SAT exam on (MO/YEAR) _____ / _____ . **Submit copy of test results with this application.**

IMPORTANT: Be sure to meet admission requirements and course prerequisites to avoid delay in your registration.

How did you first learn about UHM Outreach College?

NAME OF PRIMARY AND SECONDARY SCHOOLS ATTENDED (Do not use initials)	ATTACHED / ATTENDING	CITY / STATE OR CITY / COUNTRY	ATTENDED / ATTENDING		MONTH / YEAR DIPLOMA EXPECTED OR RECEIVED
			FROM MONTH / YR	THROUGH MONTH / YR	

- 1. Catalog
- 2. Friends/Colleagues
- 3. Campus Newspaper Ad
- 4. Hawai'i Newspaper Ad
- 5. Flyer/Brochure
- 6. Internet
- 7. Other _____

E If you will be registering for an Education 500-599 course, please answer the following:

1. In the United States, I have taught _____ year(s) on a full-time basis and _____ year(s) on a half-time basis.

2. I have also taught _____ year(s) on a full-time basis and _____ year(s) on a half-time basis in _____ COUNTRY _____

Please complete Residency Declaration on the other side.

PRINT NAME (LAST/FIRST/MIDDLE) US Social Security No. (UHM Student ID)

III. RESIDENCY DECLARATION

If you do not complete this page, you will be admitted as a nonresident for tuition purposes.

US SOCIAL SECURITY NO. (UHM STUDENT ID) _____

FULL LEGAL NAME — LAST, FIRST, MIDDLE NAME _____

A I claim legal residency in _____ from _____ to _____ on the basis of:
SPECIFY WHICH STATE OR COUNTRY MO/DAY/YR MO/DAY/YR

Check one box only

- PARENT** — I am under 18 and not married. **SPOUSE** — I am married and my spouse is a legal resident of Hawai'i for tuition purposes.
 PARENT and MYSELF **LEGAL GUARDIAN** — I am under 18 (Submit a copy of the court order appointing your legal guardian).
 MYSELF — I am 19 or older. **MYSELF** — I am under 18 and emancipated (married and/or financially independent and self-supporting for the last 12 months).

B Indicate if any of the following statutory exemptions apply to you (**documentation required**):

- I am a full-time faculty or staff member of the University of Hawai'i, or a spouse or legal dependent of such a person. (Attach employment contract)
 I am Hawaiian and **not** a Hawai'i resident. (Attach an official copy of your birth certificate and if necessary, that of your parents/grandparents documenting Hawaiian ancestry)
 I am a legal resident of _____ which has no public institution of higher education. (Attach University of Hawai'i Official Certification of Domicile Form available from the Admissions Office or by calling (808) 956-6424)
 I am a member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai'i. (See item F below)

Your application will not be reviewed without the proper documentation.

Complete Sections C, D, and E if you are claiming Hawai'i residency

C Check one box even if you are an adult and independent: (If you are claiming Hawai'i residency beginning Aug. 2003 or later, documentation may be required)

- I am not claimed as a dependent on my parents'/legal guardian's personal income tax form for 2003.
 I am claimed as a dependent on my parents'/legal guardian's personal income tax form for 2003 and my parent/legal guardian is a legal Hawai'i resident. (**If you checked this box, the parent or legal guardian who claims you as a dependent must complete Section E**)
 I am claimed as a dependent on my parents'/legal guardian's personal income tax form for 2003 and my parent/legal guardian is not a legal Hawai'i resident.

D Last publicly supported institution of higher education attended, if any (including current enrollment at a University of Hawai'i campus):

SPECIFY NAME OF INSTITUTION STATE OR COUNTRY Attended from _____ to _____
MO/DAY/YR MO/DAY/YR

Indicate tuition paid: Resident Nonresident Resident, due to exemption from nonresident tuition (specify type of exemption) _____

E Complete the following items on the basis of yourself **and**: your parent/legal guardian (if you are under 19 or have been claimed by him/her as a dependent for tax purposes); **or** spouse (if you are claiming residency on the basis of your spouse). That person must also date and sign below, and provide necessary documentation upon request.

MYSELF (APPLICANT)

MY PARENT/LEGAL GUARDIAN/SPOUSE

1. I have been living in Hawai'i continuously since: MONTH: _____ DAY: _____ YEAR: _____

MONTH: _____ DAY: _____ YEAR: _____

2. I filed Personal Resident Income Tax Return in (specify state): _____

from (specify years): _____ TO: _____

_____ TO: _____

3. I registered to vote in (specify state): _____

ON: MONTH: _____ DAY: _____ YEAR: _____

MONTH: _____ DAY: _____ YEAR: _____

4. I last voted in (specify state): _____

ON: MONTH: _____ DAY: _____ YEAR: _____

MONTH: _____ DAY: _____ YEAR: _____

5. Other evidence of residency, if any (e.g., employment): _____

6. My parent/legal guardian/spouse claims legal residency in (specify state): _____

from (specify month/day/year to month/day/year): ____/____/____ TO ____/____/____

7. My parent/legal guardian is a citizen of: US Other—specify country and visa status _____

TODAY'S DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN/SPOUSE

RELATIONSHIP TO APPLICANT

F VERIFICATION OF UNITED STATES ARMED FORCES MEMBERS ASSIGNMENT IN HAWAII (Military Orders Must Be Attached)

To be completed by the member's Commanding Officer

1. Name, rank, and branch of service of military member on active duty stationed in Hawai'i, and assigned to my unit or organization _____

2. Estimated date of rotation from Hawai'i or separation from military service (which ever is earlier). Provide month/day/year; do not use "indefinite." _____
3. Member's relationship to applicant: Self Spouse
 Parent Other (specify) _____

PERMISSION IS HEREBY GRANTED TO RELEASE INFORMATION TO UH CAMPUS

APPLICANT'S SIGNATURE

SIGNATURE OF COMMANDING OFFICER

PRINTED NAME

MILITARY MEMBER'S SIGNATURE

RANK AND BRANCH OF SERVICE IN HAWAII

Phone No. of Branch of Service in Hawai'i

TODAY'S DATE