

UHM Outreach College Credit Course Application Form

UNIVERSITY OF HAWAII AT MĀNOA
OUTREACH COLLEGE
 continuing education & summer sessions

MAILING ADDRESS: Outreach College, University of Hawai'i at Mānoa, 2440 Campus Rd.,
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OFFICE USE ONLY	
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_____ type _____ Banner	
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PRINT NAME (LAST / FIRST / MIDDLE)

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

I. PERSONAL INFORMATION

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO. _____ 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 _____

Were any of your ancestors Hawaiian? (OPTIONAL) Yes No

Citizenship USA Other: _____ SPECIFY COUNTRY _____

List visa type: _____ Submit copy of front and back of your Alien Registration card.

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

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

I am applying for: FALL SPRING SUMMER

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. Further, I understand that the UH System shares a common database, and information pertaining to me may be accessed by all UH campuses.

STUDENT'S SIGNATURE (Digital signatures not accepted) _____ TODAY'S DATE _____ Without your signature, the processing of your application form may be delayed.

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO.

II. ELIGIBILITY COMPLETE THE FOLLOWING INFORMATION

A I graduated from _____ in _____

NAME OF HIGH SCHOOL CITY / STATE AND COUNTRY 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) Attach additional sheet if necessary	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/Year) _____

If you have been suspended or dismissed from UH Mānoa, you are required to contact an Outreach College admissions specialist.

D English is my first (native) language.

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

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

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.**

NAME OF PRIMARY AND SECONDARY SCHOOLS ATTENDED (Do not use initials) Attach additional sheet if necessary	CITY / STATE OR CITY / COUNTRY	ATTENDED / ATTENDING		MONTH / YEAR DIPLOMA EXPECTED OR RECEIVED
		FROM MONTH / YR	THROUGH MONTH / YR	
				_____ to _____
				_____ to _____
				_____ to _____

What is your educational goal?

Degree UH Mānoa

Degree UH (not UHM)

Degree in Hawai'i (not UH)

Degree mainland/int'l

No degree. Lifelong Learning

No degree. Career Development

Other _____

E If you will be registering for an Education 501-599 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.

III. RESIDENCY DECLARATION

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

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO. _____

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** Myself (I am 19 or older) Myself and parent
 Parent (I am under 18 and not married) Legal guardian (*Submit copy of court order appointment*)

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 a citizen of _____ which has no public institution of higher education granting baccalaureate degrees. (*Provide copy of passport or evidence of citizenship.*)
- 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 member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai'i. (*See Section F below*)
- I am a member of the Hawai'i National Guard or Hawai'i-based Reserves. (*See Section F below*)

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 for less than two years, documentation may be required*)

- I am not claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year.
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year and my parents/legal guardians are legal Hawai'i residents. (**If you checked this box, the parent/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 the previous year and my parents/legal guardians are not legal Hawai'i residents.

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

_____ Attended from _____ to _____
SPECIFY NAME OF INSTITUTION STATE OR COUNTRY 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. If you are under 19 or have been claimed by your parent/legal guardian as a dependent for tax purposes, he/she must also date and sign below, and provide necessary documentation upon request.

	MYSELF (APPLICANT)	MY PARENT/LEGAL GUARDIAN
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 (<i>specify state</i>): _____	_____	_____
from (<i>specify years</i>): _____ TO: _____	_____ TO: _____	_____ TO: _____
3. I registered to vote in (<i>specify state</i>): _____	_____	_____
on: MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
4. I last voted in (<i>specify state</i>): _____	_____	_____
on: MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
5. Other evidence of residency, if any (<i>e.g., employment</i>): _____	_____	_____
6. My parent/legal guardian claims legal residency in (<i>specify state</i>): _____	_____	_____
from (<i>specify month/day/year to month/day/year</i>): _____ TO: _____	_____ TO: _____	_____ TO: _____
7. My parent/legal guardian is a citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other—specify country and visa status _____	_____	_____
Submit copy of front and back of your Alien Registration card.	_____	_____

TODAY'S DATE SIGNATURE OF PARENT/LEGAL GUARDIAN 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 (or Reserves) stationed in Hawai'i, and assigned to my unit or organization.

NAME _____ RANK _____ BRANCH OF SERVICE _____

2. Estimated date of rotation from Hawai'i or separation from military service (whichever is earlier). Provide month/day/year; do not use "indefinite."
 MONTH _____ DAY _____ YEAR _____

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 HAWAII TODAY'S DATE