

IMMUNIZATIONS REQUIRED

UHM Outreach College Credit Course Application Form

OFFICE USE ONLY	
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PRINT NAME (LAST/FAMILY)/FIRST/MIDDLE

SUBMIT BY:

UH FileDrop – secure email: <https://www.hawaii.edu/filedrop/> (Recipient: ochelp)

Semester applying for: Fall Extension Spring Extension Summer

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 (FAMILY), 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 (_____) _____ OTHER _____ EMAIL ADDRESS _____

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

Citizenship:

USA
 Other: _____
SPECIFY COUNTRY _____

Were any of your ancestors Hawaiian?
 Yes No

Race (check all that apply)

AA African American or Black GC Guamanian or Chamorro MC Micronesian (not GC)
 AI American Indian or Alaskan Native HW Native Hawaiian or Part-Hawaiian OA Other Asian
 CA Caucasian IN Asian Indian OP Other Pacific Islander
 CH Chinese JP Japanese SA Samoan
 FI Filipino KO Korean TH Thai
 LA Laotian VI Vietnamese

List visa type: _____

Submit copy of front and back of your Alien Registration card.

Ethnicity (check one):
 Hispanic or Latino
 Not Hispanic or Latino

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: _____

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 EARNED
			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)
You may be contacted by an Outreach College advisor if you have been suspended or dismissed from UH Mānoa.

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

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.**

What is your educational goal?
 Degree UH Mānoa
 Degree UH (not UHM)
 Degree in Hawai'i (not UH)
 Degree mainland/int'l
 What do you plan to register for?

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	
					____/____
					____/____
					____/____

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 (FAMILY), 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 not claimed as a dependent*) Legal guardian (*Submit copy of court order appointment*) Myself and parent (*I am claimed as a dependent for tax purposes*)

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

- 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-PNF*)
- 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*)
- Citizen of _____ which has no public institution of higher education granting baccalaureate degrees. (*Attach a copy of your passport verifying citizenship.*)
- Member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai'i. (*Submit a copy of your military orders. If you are an authorized dependent of the service member, please list your name on top of the orders and ensure that your name is officially included on the orders. If your name is not included on the orders, please provide a copy of your Military Dependent ID card.*)
- Member of the Hawai'i National Guard or Hawai'i-based Reserves. (*Submit a copy of your enlistment contract or transfer paperwork to the Hawai'i unit.*)
- Veterans Post-9/11 GI Bill® (chapter 33) or Montgomery GI Bill® Active Duty (chapter 30) education benefits, who live in Hawai'i, and enroll at the University within three years of discharge from a period of active duty service of 90 days or more, OR
- Individuals eligible to use transferred Post-9/11 GI Bill® educational benefits, who live in Hawai'i, and enroll at the university within three years of the transferor's discharge or release from a period of active duty service of 90 days or more, OR
- Individuals eligible to use transferred Post-9/11 GI Bill® educational benefits, who live in Hawai'i, and whose transferor is a member of the uniformed service who is serving on active duty, OR
- Individual using Post-9/11 GI Bill® (chapter 33) education benefits under the Marine Gunnery Sergeant John David Fry Scholarship, who live in Hawai'i, OR
- Individuals using educational assistance under the Vocational Rehabilitation and Employment (VR&E) (chapter 31) program and who lives in Hawai'i.

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 OR if you 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: _____	_____ ON: MONTH: _____ DAY: _____ YEAR: _____	_____ ON: MONTH: _____ DAY: _____ YEAR: _____
4. I last voted in (<i>specify state</i>): _____ ON: MONTH: _____ DAY: _____ YEAR: _____	_____ ON: MONTH: _____ DAY: _____ YEAR: _____	_____ ON: 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 _____ - _____ - _____	_____	_____
7. My parent/legal guardian is a citizen of: <input type="radio"/> U.S. <input type="radio"/> Other — specify country and visa status _____ <i>Submit copy of front and back of your Alien Registration card.</i>	_____	_____

TODAY'S DATE SIGNATURE OF PARENT/LEGAL GUARDIAN RELATIONSHIP TO APPLICANT