



UNIVERSITY OF HAWAII

Supplemental Information Form for Undergraduate International Applicants

Who should complete this form:

- Applicants whose native language is not English,
- Applicants who were born outside the United States and/or who graduated from a foreign high school.
- Applicants requiring an F-1 or J-1 student visa (I-20 or DS-2019).

INSTRUCTIONS:

Please fill out your name as submitted on the System Application Form and high school records. Use the same sequence in your names to avoid confusion in the documentation of your records.

Fong	Shiu Ling	Ann
(family)	first	middle)

For example, if you file your application as your admissions documents must be submitted under Fong, Shiu Ling Ann and not as Fong, Ann Shiu Ling.

Complete the System Application Form and submit it with the appropriate application fee to your first-choice campus if you have not yet done so. Submit this Supplementary Information Form and all other required documents such as the Test of English as a Foreign Language (TOEFL), Scholastic Assessment Test (SAT-1) scores, if required, and all school transcripts by the specified deadline.

International undergraduate students are required to enroll in a minimum of 12 credit hours per semester. **Note:** The number of credit hours of on-line coursework is restricted for international students who are physically present in the United States. The estimated Cost of Attendance is calculated based upon two semesters and includes Cost of Living plus Tuition.

Contact the campus you are applying to for more information on Cost of Attendance.

Contact Information by Campus		
University of Hawai'i at Manoa	manoa.admissions@hawaii.edu	1-808-956-8975
University of Hawai'i at Hilo	uhhfao@hawaii.edu	1-808-932-7449
University of Hawai'i West O'ahu	uhwo.admissions@hawaii.edu	1-808-689-2900
Hawai'i Community College (on Hawai'i Island)	hawccar@hawaii.edu	1-808-969-8816
Honolulu Community College	honcc@hawaii.edu	1-808-845-9129
Kapi'olani Community College	kapfao@hawaii.edu	1-808-734-9537
Kaua'i Community College	arkauai@hawaii.edu	1-808-245-8225
Leeward Community College	lccfao@hawaii.edu	1-808-453-6371
Maui College	uhmcar@hawaii.edu	1-808-479-6692
Windward Community College		1-808-235-7449

CONTACT INFORMATION

Last (Family) Name: _____ First Name: _____ Middle Name: _____

Email: _____ Contact Phone # _____ Student ID # _____

SECTION A — EDUCATIONAL INFORMATION

1. List all schools attended, regardless of length of attendance, and include any you are now attending.

Name of institution (do not use initials)	Location (City, Country)	From Mo/Yr	To Mo/Yr	Name of Dipl or Cert	Date Rec'd
Primary Schools (starting from grade 1, transcripts not required):					
Secondary or Middle Schools (transcripts required):					

2. What is your native language? _____ What is the primary language spoken at home? _____

3. How many years have you studied in a school where English is the language of instruction? _____

a. In secondary or middle school from (month/year) _____ / to (month/year) _____

b. In university or college from (month/year) _____ / to (month/year) _____

4. If you have taken/will take the test of English as a Foreign Language (TOEFL), specify test date: _____

5. Why did you select the University of Hawaii?

6. Provide additional information that may be helpful in evaluating your application, such as employment, talents, skills, fellowships or scholarships held.

SECTION B — APPLICANT'S CERTIFICATION

I certify that the information I have given on this form is complete and correct to the best of my knowledge and that I have not attended any educational institutions other than those listed. I understand that it is my responsibility to arrange for the forwarding of official transcripts of records from all secondary and post-secondary schools that I have attended, and that such transcripts and other application materials will become the property of the University of Hawaii and will not be returned to me nor be available for distribution.

Printed Name: _____ Signature: _____ Date: _____

SECTION C — CONFIDENTIAL FINANCIAL INFORMATION

Applicants requiring an **I-20** or **DS-2019** for an F-1 or J-1 (student) visa/status must complete this section. Failure to complete this section may affect compliance with federal immigration regulations requiring non-immigrant student visa holders to document sufficient funds to provide for their academic studies in the United States.

I. Personal information

1. Name of student: _____ Date of Birth: _____

Family
First
Middle
2. Permanent address in home country: _____
3. City & Country of Birth: _____
4. Do you plan to enter the U.S. from abroad? No Yes
5. Do you currently hold a U.S. visa? No Yes If yes, type of visa: _____
6. Name of school that issued your last I-20 or DS-2019: _____
7. If in the U.S., give your SEVIS I.D. number: _____

8. If you plan to bring dependents, list their names and information in the space below. Provide evidence that approximately \$4,000 per year/ per dependent is available above the amount required for yourself:

Name	SEVIS I.D.#	City & Country of Birth	Country of Citizenship	Relationship	Gender

II. Family or Sponsors Support

9. Name of sponsor: _____ Phone: _____
10. Address: _____ Email: _____
11. Relationship to student: _____ Yearly amount of student support in U.S. \$ _____
12. If you expect to receive a grant/loan, please provide the name and address of the sponsoring agency:

CERTIFICATION

By signing this affidavit of support, I (or my organization) agree to be financially responsible for the student indicated above by way of tuition, fees, living and any other relevant expenses for the duration of this student's enrollment at the University of Hawaii.

Printed Name: _____ Signature: _____ Date: _____

III. Bank Verification for Visa Purposes

13. Name of bank (agency): _____ Country: _____
14. Address: _____ Phone: _____
15. Name of account holder: _____ Date account opened: (MM/DD/YYYY): _____
16. Type of account: Checking Savings Certificate of deposit

I certify that the above-named sponsor has the amount on deposit with our institution sufficient to provide financial support to the applicant. This certification is offered with no responsibility on the part of this bank or financial agency.

Confirmed by bank employee:

Printed Name: _____

Title: _____

Signature: _____



Place bank seal or stamp in area above.

Date: _____