

UHM Outreach College Credit Course Application Form

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

MAILING ADDRESS: Outreach College, University of Hawaii 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)

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

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, 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: _____ Submit copy of front and back of your Alien Registration card.

Were any of your ancestors Hawaiian? Yes No

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

Ethnic Background (circle all that apply)

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

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.

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)	ATTACHED / ATTENDING FROM MONTH / YR	THROUGH MONTH / YR	MAJOR	NAME OF DEGREE, DIPLOMA, OR CERTIFICATE	MONTH / YEAR DIPLOMA EARNED

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 advisor.

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
 No degree. Lifelong Learning
 No degree. Career Development
 Other _____

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

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 (I am claimed as a dependent for tax purposes)
 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. (*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 Section F below*)
- I am a member of the Hawai'i National Guard or Hawai'i-based Reserves. (*See Section F below*)
- 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*)

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 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: _____
4. I last voted in (<i>specify state</i>): _____ on: 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 _____
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