

UHM Outreach College Credit Course Application Form

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

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OFFICE USE ONLY	
_____ level	_____ screen
_____ type	_____ Banner
_____ res	_____ ltr

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 _____ 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

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

Race (check all that apply)

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

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

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)	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) _____
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)	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, 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**):

- 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-PNF)
- 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 an individual eligible to use transferred Post 9/11 GI Bill or Montgomery GI Bill Active Duty Education Benefits and I am enrolling within three years of the Veteran's discharge. (Contact Student Services for the Transferred Benefit Exemption form.)
- 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 of the Hawai'i National Guard or Hawai'i-based Reserves. (See Section F below)
- I am eligible to use Post 9/11 GI Bill Education Benefits under the John D. Fry Scholarship and I am enrolling within three years of the service member's death in the line of duty. (Contact Student Services for the John D. Fry Veteran Scholarship Exemption form.)
- I am a citizen of _____ which has no public institution of higher education granting baccalaureate degrees. (Attach a copy of your passport verifying citizenship.)
- I am a veteran discharged within three years of enrollment and eligible for GI Bill Education Benefits. (Contact Student Services for the Veteran Exemption form.)

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 (specify state): _____ from (specify years): _____ TO: _____	_____ TO: _____	_____ TO: _____
3. I registered to vote in (specify state): _____	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
4. I last voted in (specify state): _____	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
5. Other evidence of residency, if any (e.g., employment): _____	_____	_____

6. My parent/legal guardian 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: U.S. 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). MONTH: _____ DAY: _____ YEAR: _____
 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 HAWAII _____

TODAY'S DATE _____