

# UHM Outreach College Credit Course Application Form

**MAILING ADDRESS:** Outreach College, University of Hawai'i at Mānoa, 2440 Campus Rd., Box 447, Honolulu, HI 96822  
 Tel: (808) 956-7221 ■ Fax: (808) 956-3752 ■ Office Hours: M-F, 8:00am-5:30pm  
 UH FileDrop – secure email: <https://www.hawaii.edu/filedrop/> (Recipient: ochelp)

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

PRINT NAME (LAST/ FIRST/ MIDDLE)

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

**X** 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)  
 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)	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, 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. (*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.*)
- 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. (*Submit a copy of your enlistment contract or transfer paperwork to the Hawai'i unit.*)
- I am an individual eligible to use transferred Post 9/11 GI Bill educational benefits from an Active Duty Military Member. (*Contact Student Services for the Transferred Benefit From Active Duty Member 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.*)
- I am eligible to use Post 9/11 GI Bill Education Benefits under the John D. Fry Scholarship. (*Contact Student Services for the John D. Fry Veteran Scholarship 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 ( <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 _____	_____ 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