

**UNIVERSITY OF HAWAI‘I AT MĀNOA  
ADMISSIONS APPLICATION FEE**

Please submit this form with your admission application. Do not use this form if you are applying for admission to the Graduate Division, School of Law, or School of Medicine.

Name of Applicant: \_\_\_\_\_  
Family/Last Name First Middle

Applicant's Social Security Number (if any): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

Application Fee for (check one only):  Fall \_\_\_\_\_  Spring \_\_\_\_\_  
Year Year

**The Application Fee is nonrefundable and nontransferable. Be sure this form is accompanied by your check/money order if you are not paying by credit card.**

Application Fee Amount: **\$50.00 (U.S.)**

Method of payment:  Check (write the applicant's name and SSN on the check)  
Please make check payable to *University of Hawaii*  
 Credit Card (*Complete Credit Card Account Information below.*)

Submit completed form to: Office of Admissions & Records  
2600 Campus Road, Room 001  
Honolulu, HI 96822

Credit Card Account Information

Credit Card Type:  VISA  
 MasterCard

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (mm/yy)

Cardholder Information

Name (as printed on card): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to pay the above amount according to the card issuer agreement.**

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_