

# UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE DIVISION

University of Hawai'i at Mānoa • Graduate Admissions Office • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822  
 Tel: (808) 956-8544, 956-8540 V/T: (808) 956-4257 • Email: [info@grad.hawaii.edu](mailto:info@grad.hawaii.edu) • Web: <http://www.hawaii.edu/graduatestudies>

## CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS

INSTRUCTIONS: Use this form ONLY if your financial support is from a non-UH-Mānoa sponsor or organization. Attach original current official bank statement(s) in U.S. dollars if your bank will not use the BANK VERIFICATION section. If sponsored by a government or private organization, an original signed award letter is required. **Photocopies and faxed documents are not acceptable. Bank statements may not be more than 60 days old.** Mail-in completed form and documentation to the address above.

<b>Distance Education Restrictions</b> International students are restricted in the number of on-line courses they can enroll in while in the U.S. on a student visa. Visit <a href="http://www.hawaii.edu/issmanoa">http://www.hawaii.edu/issmanoa</a> (International Student Services Office website) for additional information.		
<b>2010-2011 Estimated Nine (9) Month Student Budgets</b> All tuition and fee charges at the University of Hawai'i campuses are subject to change in accordance with requirements of State law and/or action by the Board of Regents or university administration.	<b>MBA(Full-time), MAcc &amp; MFE</b> \$41,951  Executive CBA master applicants, contact program for higher budgets.	<b>Nursing graduate program.....\$45,431</b>
		<b>Other graduate programs.....\$39,671</b>

TYPE OR PRINT CLEARLY. WHERE NOT APPLICABLE, WRITE "N/A".

<input type="checkbox"/> Fall 2010	<input type="checkbox"/> Female	Intended Graduate Program	Degree Objective
<input type="checkbox"/> Spring 2011	<input type="checkbox"/> Male		

**A.**

**Legal Name**  
 Use names as listed on passport: Family/Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Current Telephone** \_\_\_\_\_

**Permanent Foreign Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State / Country** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_  
MM / DD / YY City and Country

**Country Issuing Your Passport** \_\_\_\_\_ **Country of Legal Permanent Residency** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Name of Employer** \_\_\_\_\_  
If employed by home government, indicate whether city, provincial or central government.

<b>Personal funds available for first year of study</b>  US\$ _____	I agree to be financially responsible for my expenses at the University of Hawai'i at Mānoa for the <u>duration of my study</u> and I will notify the Graduate Admissions Office of any change in my financial circumstances. Confirmation of the first year of support is provided as financial evidence. I certify the information provided on this form is correct and complete to the best of my knowledge.
	Signature of Applicant _____ Date _____

**BANK VERIFICATION** This is to certify that the applicant listed above is financially capable of the monetary support indicated above and if the funds are outside the U.S.A., there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on the part of this bank or financial agency.

**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened (MM/YY)** \_\_\_\_\_

**Address of Bank** \_\_\_\_\_

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature of Bank Official**  \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp** \_\_\_\_\_

**B. ACCOMPANYING DEPENDENTS**  
 Indicate names as listed on passports and provide financial evidence of \$4,000.00 per dependent. If needed, attach sheet with additional dependent required information.

	Last Name / Family Name	First Name	Place of Birth City and Country	Country of Citizenship	Date of Birth MM/DD/YY	Gender Male or Female
Spouse						
Child						
Child						
Child						

<b>For Office Use DSO/DATE:</b>	<input type="checkbox"/> Initial Attendance	<input type="checkbox"/> UHM J-1 Sponsorship	<input type="checkbox"/> Refer to ISS	<input type="checkbox"/> Denied
	<input type="checkbox"/> School Transfer	<input type="checkbox"/> Other J-1 Sponsorship	<input type="checkbox"/> Visa not required	

