

UNIVERSITY OF HAWAII AT MĀNOA (UHM) GRADUATE DIVISION

University of Hawai'i at Mānoa • Graduate Admissions Office • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822
Tel: (808) 956-8544 • TTY: (808) 956-4257 • Email: info@grad.hawaii.edu • Web: <http://www.hawaii.edu/graduatestudies>

Disclaimer

Information contained herein is subject to change without notice and supersedes information contained in the UHM Catalog. For current information on graduate studies, please visit the UHM Graduate Division's Web site for prospective students as listed above.

Concurrent Graduate Certificate Program Application Form

Use this application **ONLY** if you are seeking admission to a graduate certificate program and are currently enrolled as a classified graduate student at UHM. If you are not currently enrolled in a graduate program at UHM, follow the standard admissions procedures for prospective students.

Application Fee

Fee schedule for Academic Year: 2010 to 2011- US\$60.00

Your application is considered incomplete and will **NOT** be processed if payment is not received. The application fee is required each time you apply and is non-refundable and non-transferable. Attach payment to your application. No waivers or deferments are granted. Payment by check or money order must be in U.S. dollars drawn on a U.S. bank and made payable to the "University of Hawai'i." On the payment, print your full name and birth date. If a third party is making a payment on your behalf, please inform the individual of payment procedures and requirements.

Your application is considered incomplete and will **NOT** be processed if payment is not received.

Application Fee Credit Card Payment Form

Semester of Application (Please check one) Fall 200__ Spring 200__

Name of Applicant _____
FAMILY/LAST FIRST FULL MIDDLE

Date of Birth ____/____/____
MM DD YY

Credit Card Type (Please check one) VISA MasterCard Diners

Account Number _____/_____/_____/_____

Expiration date ____/____

Provide the three (3) digit security code located on the back of your credit card at the end of the signature line: ____

Name of Card Holder (As indicated on card) _____
FAMILY/LAST FIRST FULL MIDDLE

Billing Address _____
Number and street Apt. Number City State Zip/Postal Code

Fee Schedule: Academic Year: 2010 to 2011- \$60.00

I agree to pay the appropriate graduate admissions application fee according to the card issuer agreement. I understand that the application fee is non-refundable and non-transferable.

Signature of Card Holder _____ Date _____

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CONCURRENT GRADUATE CERTIFICATE PROGRAM APPLICATION FORM

Submit completed form and application fee to: University of Hawai'i at Mānoa • Graduate Admissions Office • 2540 Maile Way, Spalding 354
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Part I. To be completed by student

Semester Applying For: Fall 20____ Spring 20____

Name _____ UH ID No. _____
LAST FIRST M.I.

Mailing Address _____
STREET APT. NO CITY STATE ZIP CODE

Current Phone # _____ Email: _____

Graduate Program _____ Date of Graduation _____
INCLUDE SPECIALIZATION IF APPLICABLE SEMESTER & YEAR

Intended Graduate Certificate _____

Signature of Student _____ Date _____

Part II. To be completed by the Certificate Program Director

Approved for Fall 20____ Spring 20____

Not Approved _____
REASON FOR DISAPPROVAL

Signature of Certificate Program Director _____ Date _____

<p>For Office Use Only</p> <p>APPLICATION FEE</p> <p>CC CH</p> <p>DATE _____</p>	<p>CURRENT TUITION CODE PER SGASTDN:</p> <p>R N M F J S C G E H</p> <p>PROCESSED BY _____ DATE _____</p>	<p>ADMIT TYPE: CC</p> <p>STUDENT TYPE: C</p> <p>GEOG L M I</p>
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