

**DEPARTMENT OF SECOND LANGUAGE STUDIES  
SUPPLEMENTAL INFORMATION FORM**

Applying for admission in (semester):  <input type="radio"/> <b>FALL</b> <b>Year:</b> <input type="radio"/> <b>SPRING</b> <b>20</b> _____		Program <input type="radio"/> <b>MA in Second Language Studies</b> <input type="radio"/> <b>AGC in Second Language Studies</b> <input type="radio"/> <b>PhD in Second Language Studies</b>					
<b>Full Legal Name</b> Courtesy Title  <input type="radio"/> Mr. <input type="radio"/> Ms.		Family / Last		Given / First		(Middle)	
<b>Current Mailing Address</b>		City / Province		State / Country		Zip / Postal Code	
<b>Telephone</b>				<b>Email</b>			
Provide the name(s) of the UHM faculty member(s) you have personally communicated with regarding your admission to UHM, if any:							
<b>References</b> Name:		Name:			Name:		
Affiliation:		Affiliation:			Affiliation:		
Email:		Email:			Email:		
Telephone:		Telephone:			Telephone:		
<b>Bachelor's Degree</b> – University / College		State / Country		Date Awarded (MM/YY)		Program of Study	Grade Point Average
<b>Master's Degree</b> – University / College		State / Country		Date Awarded (MM/YY)		Program of Study	Grade Point Average
<b>SELF-REPORTED STANDARDIZED TEST SCORES</b>							
<b>GRE General Test</b> Date		Analytical Writing		Quantitative Reasoning		Verbal Reasoning	
<b>TOEFL (iBT)</b> Date		Internet Listening		Internet Speaking		Internet Total	
<b>TOEFL (PBT)</b> Date	Listening (Sec. 1)	Structure & Writing (Sec. 2)	Reading (Sec. 3)		Total Score	TWE Score	
<b>IELTS</b> Date	Listening	Reading	Writing	Speaking	Overall Band Score		
<b>Languages</b> (Please rank from strongest to weakest.) 1.				Additional languages, if any:			
2.							
3.							
Do you have financial support?  <input type="radio"/> Yes <input type="radio"/> No		If yes, please state source of funding:					