



UNIVERSITY OF HAWAII  
 Supplementary Information Form  
 for Undergraduate International Applicants

Academic Year 2017-2018

Print name

(Last or Family Name)

Who should complete this form:

- Applicants whose native language is not English, who were born outside the United States, or who graduated from a foreign high school.
- Applicants requiring an F-1 or J-1 student visa (I-20 or DS-2019).

INSTRUCTIONS:

1. Print your name along the right edge of this form exactly as submitted on the System Application Form and high school records. Use the same sequence in your names to avoid confusion in the documentation of your records.

For example, if you file your application as 

Fong	Shiu Ling	Ann
(family)	first	middle)

all your admissions documents must be submitted under 

Fong, Shiu Ling Ann
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 and not as 

Fong, Ann Shiu Ling
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(First)

2. Complete the System Application Form and submit it with the appropriate application fee to your first-choice campus if you have not yet done so. Include this Supplementary Information Form and submit all other required documents such as the Test of English as a Foreign Language (TOEFL), Scholastic Assessment Test (SAT-1) scores, if required, and all school transcripts by the specified deadline.
3. In general, international undergraduate students are required to enroll in a minimum of 12 credit hours per semester. Note: The number of credit hours of online coursework is restricted for international students who are physically present in the United States. Contact your campus for more information.

(Full Middle Name)

Estimated Cost of Attendance for two semesters equals Cost of Living plus Tuition. Use table below.

Campus	Cost of Living*	Non-Resident Tuition*	Resident Tuition*
UH Manoa	\$17,500	\$32,904	\$10,872
UH Hilo	\$17,500	\$20,160	\$7,200
UH West Oahu	\$17,500	\$20,160	\$7,200
UH Maui College (below 300 level)	\$17,500	\$ 8,160	\$3,024
UH Community Colleges	\$17,500	\$ 8,160	\$3,024

\*Subject to change.

Note: Tuition rates listed are for 12 credit hour enrollment in fall and spring semesters.

## SECTION A — EDUCATIONAL INFORMATION

1. List all schools attended, regardless of length of attendance, and include any you are now attending.

Name of institution (do not use initials)	Location	From Mo/Yr	To Mo/Yr	Name of Dipl or Cert	Date Rec'd
Primary schools (starting from grade 1, transcripts not required):					
Secondary or middle schools (transcripts required):					

2. What is your native language? \_\_\_\_\_

3. What is the primary language spoken in your home? \_\_\_\_\_

4. How many years have you studied in a school where English is the language of instruction? \_\_\_\_\_

In secondary or middle school from (month) \_\_\_\_\_ / (year) \_\_\_\_\_

In university or college from (month) \_\_\_\_\_ / (year) \_\_\_\_\_

5. If you have taken/will take the Test of English as a Foreign Language (TOEFL), specify test date: \_\_\_\_\_.

6. Why did you select the University of Hawai'i? \_\_\_\_\_

7. Provide additional information that may be helpful in evaluating your application, such as employment, talents, skills, fellowships or scholarships held.

## SECTION B — APPLICANT'S CERTIFICATION

I certify that the information I have given on this form is complete and correct to the best of my knowledge and that I have not attended any educational institutions other than those listed. I understand that it is my responsibility to arrange for the forwarding of official transcripts of records from all secondary and post-secondary schools that I have attended, and that such transcripts and other application materials will become the property of the University of Hawai'i and will not be returned to me nor be available for distribution.

Printed Name: \_\_\_\_\_

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

SECTION C — CONFIDENTIAL FINANCIAL INFORMATION

Applicants requiring an I-20 or DS-2019 for an F-1 or J-1 (student) visa/status must complete this section. Failure to complete this section may affect compliance with federal immigration regulations requiring non-immigrant student visa holders to document sufficient funds to provide for their academic studies in the United States.

I. Personal Information

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family First Middle

Permanent address in home country: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you plan to enter the U.S. from abroad?  No  Yes

Do you currently hold a U.S. visa?  No  Yes If yes, type of visa: \_\_\_\_\_

Name of school that issued your last I-20 or DS-2019: \_\_\_\_\_

If in the U.S., give your SEVIS I.D. number: \_\_\_\_\_

If you plan to bring dependents, list their names and birthdates in the space below. Provide evidence that approximately \$4,000 per year/per dependent is available above the amount required for yourself:

Name	SEVIS I.D. #	Birthdate	Country of Birth	Country of Citizenship	Relationship	Gender
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

II. Family or Sponsor's Support

Name of sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_ Yearly amount of support in U.S. \$ \_\_\_\_\_

If you expect to receive a grant/loan, please provide the name and address of the sponsoring agency: \_\_\_\_\_

By signing this affidavit of support, I (or my organization) agree to be financially responsible for the student indicated above by way of tuition, fees, living and any other relevant expenses for the duration of this student's enrollment at the University of Hawai'i (or for \_\_\_\_\_ years).

Signature of sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

III. Bank Verification for Visa Purposes

I certify that the above-named sponsor has the amount on deposit with our institution sufficient to provide financial support for (indicate name of student) \_\_\_\_\_

This certification is offered with no responsibility on the part of this bank or financial agency.

Bank seal or stamp



Name of bank (or agency): \_\_\_\_\_ Country: \_\_\_\_\_

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

Name of account holder: \_\_\_\_\_

Type of account:  savings  certificate of deposit  other \_\_\_\_\_

Date account opened: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Confirmed by bank employee:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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