

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

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