

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

Applying for admission in (semester): <input type="radio"/> FALL Year: <input type="radio"/> SPRING 20 _____		Program AGC in Second Language Studies AGC in SLS - Spanish Applied Linguistics			
Family / Last		Given / First		(Middle)	
Current Mailing Address	City / Province		State / Country		Zip / Postal Code
Telephone			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:	Telephone:		Telephone:		
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	
SELF-REPORTED STANDARDIZED TEST SCORES					
GRE General Test (Optional) 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
Do you have financial support from sources other than personal/family savings? Yes No		If yes, please state source of funding (e.g. grants/fellowships, GI benefits, etc.):			