

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

Applying for admission in (semester): <input type="radio"/> FALL Year: <input type="radio"/> SPRING 20 _____		Program PhD in Second Language Studies					
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 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.):					