



# UNIVERSITY OF HAWAI'I AT HILO

## Intent-to-Enroll Fee Form

PLEASE TYPE OR PRINT CLEARLY IN INK.

UNIVERSITY  
OF HAWAI'I  
HILO

To be used only if paying the \$60 Intent-to-Enroll Fee by credit card. DO NOT USE THIS FORM if you are paying with a check or money order. Instead, please attach the check to the front of the Intent-to-Enroll card. (Check or money order can only be used if drawn from a U.S. Bank.)

### Application Term

FALL \_\_\_\_\_

SPRING \_\_\_\_\_

### Student Information

LEGAL NAME: FAMILY / LAST			FIRST / GIVEN	MIDDLE	UH ID # or U.S. SOCIAL SECURITY NUMBER
PERMANENT ADDRESS: NUMBER STREET		CITY	STATE	ZIP CODE	PHONE NUMBER (Home) (Work)

### Cardholder Information

NAME AS PRINTED ON CARD:			UH ID # or U.S. SOCIAL SECURITY NUMBER		
BILLING ADDRESS: NUMBER STREET		CITY	STATE	ZIP CODE	PHONE NUMBER (Home) (Work)
____ MASTERCARD ____ VISA	ACCOUNT NUMBER		EXPIRATION DATE ____ / ____		

I agree to pay \$60.00 (U.S.) according to the card issuer agreement.

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

FAX TO: **UH HILO Admissions Office**  
**1-808-933-0861**

OR MAIL  
ORIGINAL TO: **UH HILO Admissions Office**  
**200 West Kawili Street**  
**Hilo, Hawai'i 96720**  
**USA**