

## 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
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

#### 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 Hawaii (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: \_\_\_\_\_