

# UHM Outreach College Credit Course Application Form

UNIVERSITY OF HAWAII AT MĀNOA  
**OUTREACH COLLEGE**  
 continuing education & summer sessions

**MAILING ADDRESS:** Outreach College, University of Hawai'i at Mānoa, 2440 Campus Rd.,  
 Box 447, Honolulu, HI 96822 ■ Tel: (808) 956-7221 ■ Fax: (808) 956-3752  
 Email: ochelp@hawaii.edu ■ Office Hours: M-F, 8:00am-5:30pm

OFFICE USE ONLY	
_____ level	_____ screen
_____ type	_____ Banner
_____ res	_____ ltr

PRINT NAME (LAST/ FIRST/ MIDDLE)

Fill in all blanks (except box marked OFFICE USE ONLY) to avoid delay in processing your application.

## I. PERSONAL INFORMATION

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO. \_\_\_\_\_ FULL LEGAL NAME — LAST, FIRST, MIDDLE NAME \_\_\_\_\_ Gender  F  M

BIRTHDATE (MO/DAY/YR) \_\_\_\_\_ BIRTHPLACE (State or Foreign Country) \_\_\_\_\_ PREVIOUS NAME USED AT UHM \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

( ) ( )

TELEPHONE: RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ ( )

PERMANENT MAILING ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Were any of your ancestors Hawaiian? (OPTIONAL)  Yes  No

Citizenship  USA  Other: \_\_\_\_\_ SPECIFY COUNTRY \_\_\_\_\_

List visa type: \_\_\_\_\_ Submit copy of front and back of your Alien Registration card.

I am applying for:  FALL  SPRING  SUMMER

Ethnic Background (OPTIONAL) \_\_\_\_\_ (Choose one from below)

<b>AA</b> African Amer. or Black	<b>GC</b> Guamanian or Chamorro	<b>LA</b> Laotian	<b>MX</b> Mixed Race (2 or more)	<b>PR</b> Puerto Rican
<b>AI</b> Amer. Indian or Alaskan Native	<b>HS</b> Hispanic	<b>MA</b> Mixed Asian	<b>NO</b> No Data	<b>SA</b> Samoan
<b>CA</b> Caucasian or White	<b>HW</b> Native Hawaiian or Part-Hawaiian	<b>MC</b> Micronesian (not GC)	<b>OA</b> Other Asian	<b>TH</b> Thai
<b>CH</b> Chinese	<b>IN</b> Asian Indian	<b>ME</b> Middle Easterner	<b>OP</b> Other Pacific Islander	<b>TO</b> Tongan
<b>FI</b> Filipino	<b>JP</b> Japanese	<b>MH</b> Mixed Hispanic	<b>PI</b> Pacific Islander	<b>VI</b> Vietnamese
	<b>KO</b> Korean			

**SELF-CERTIFICATION:** I certify that the answers and responses for all of the items on this application are true to the best of my knowledge and belief. I understand that misrepresentation of any fact will subject me to the requirements and/or disciplinary measures as provided under the University's Student Conduct Code. I further understand that I may be required to produce certified documents relevant to the determination of my residency and/or academic eligibility status. Further, I understand that the UH System shares a common database, and information pertaining to me may be accessed by all UH campuses.

STUDENT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ Without your signature, the processing of your application form may be delayed.

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO.

## II. ELIGIBILITY COMPLETE THE FOLLOWING INFORMATION

**A** I graduated from \_\_\_\_\_ in \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_ CITY/ STATE AND COUNTRY \_\_\_\_\_ MO/ YEAR \_\_\_\_\_

**B** List every college, university, business, and post-secondary school attended, including any UH campus, and the one you are currently enrolled in, if any.

NAME OF INSTITUTION (Do not use initials)	ATTENDED / ATTENDING FROM MONTH / YR	THROUGH MONTH / YR	MAJOR	NAME OF DEGREE, DIPLOMA, OR CERTIFICATE	MONTH / YEAR DIPLOMA EXPECTED OR RECEIVED

**C**  I have never been suspended or dismissed from any college or university.

I was suspended or dismissed (circle one) from \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_ CITY/ STATE \_\_\_\_\_ Date Suspended / Dismissed (Mo/Yr) \_\_\_\_\_

**If you have been suspended or dismissed from UH Mānoa, you are required to contact an Outreach College advisor.**

**D**  English is my first (native) language.

English is NOT my first (native) language. (Please answer sections below.)

I took the UHM ELI Placement Test on (MO/YEAR) \_\_\_\_ / \_\_\_\_ .

I took the TOEFL/GRE/SAT exam on (MO/YEAR) \_\_\_\_ / \_\_\_\_ . **Submit copy of test results with this application.**

**IMPORTANT:** Be sure to meet admission requirements and course prerequisites to avoid delay in your registration.

What is your educational goal?

Degree UH Mānoa

Degree UH (not UHM)

Degree in Hawai'i (not UH)

Degree mainland/int'l

No degree. Lifelong Learning

No degree. Career Development

Other \_\_\_\_\_

NAME OF PRIMARY AND SECONDARY SCHOOLS ATTENDED (Do not use initials)	ATTENDED / ATTENDING FROM MONTH / YR	THROUGH MONTH / YR	MONTH / YEAR DI- PLOMA EXPECTED OR RECEIVED
			_____ to _____
			_____ to _____
			_____ to _____

**E** If you will be registering for an Education 501-599 course, please answer the following:

1. In the United States, I have taught \_\_\_\_\_ year(s) on a full-time basis and \_\_\_\_\_ year(s) on a half-time basis.

2. I have also taught \_\_\_\_\_ year(s) on a full-time basis and \_\_\_\_\_ year(s) on a half-time basis in \_\_\_\_\_ COUNTRY \_\_\_\_\_

**Please complete Residency Declaration on the other side.**

**III. RESIDENCY DECLARATION**

*If you do not complete this page, you will be admitted as a nonresident for tuition purposes.*

U.S. SOCIAL SECURITY NO. OR UH STUDENT ID NO. \_\_\_\_\_

FULL LEGAL NAME — LAST, FIRST, MIDDLE NAME \_\_\_\_\_

**A** I claim legal residency in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ on the basis of:  
SPECIFY WHICH STATE OR COUNTRY MO/DAY/YR MO/DAY/YR

- Check one box only**  Myself (I am 19 or older)  Myself and parent  
 Parent (I am under 18 and not married)  Legal guardian (*Submit copy of court order appointment*)

**B** Indicate if any of the following statutory exemptions apply to you (**documentation required**):

- I am a full-time faculty or staff member of the University of Hawai'i, or a spouse or legal dependent of such a person. (*Attach employment contract*)
- I am a citizen of \_\_\_\_\_ which has no public institution of higher education granting baccalaureate degrees. (*Attach University of Hawai'i Official Certification of Domicile Form available from the Admissions Office or by calling (808) 956-6424*)
- I am a member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai'i. (*See Section F below*)
- I am Hawaiian and **not** a Hawai'i resident. (*Attach an official copy of your birth certificate and if necessary, that of your parents/grandparents documenting Hawaiian ancestry*)
- I am a member of the Hawai'i National Guard or Hawai'i-based Reserves. (*See Section F below*)

**Complete Sections C, D, and E if you are claiming Hawai'i residency**

**C** Check one box even if you are an adult and independent: (*If you are claiming Hawai'i residency for less than two years, documentation may be required*)

- I am not claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year.
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year and my parents/legal guardians are legal Hawai'i residents. (**If you checked this box, the parent/legal guardian who claims you as a dependent must complete Section E**)
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for the previous year and my parents/legal guardians are not legal Hawai'i residents.

**D** Last publicly supported institution of higher education attended, if any (including current enrollment at a University of Hawai'i campus):

\_\_\_\_\_ Attended from \_\_\_\_\_ to \_\_\_\_\_  
SPECIFY NAME OF INSTITUTION STATE OR COUNTRY MO/DAY/YR MO/DAY/YR

Indicate tuition paid:  Resident  Nonresident  Resident, due to exemption from nonresident tuition (*specify type of exemption*) \_\_\_\_\_

**E** Complete the following items on the basis of yourself. If you are under 19 or have been claimed by your parent/legal guardian as a dependent for tax purposes, he/she must also date and sign below, and provide necessary documentation upon request.

	MYSELF (APPLICANT)	MY PARENT/LEGAL GUARDIAN
1. I have been living in Hawai'i continuously since:	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
2. I filed Personal Resident Income Tax Return in ( <i>specify state</i> ): _____	_____	_____
from ( <i>specify years</i> ): _____ TO: _____	_____ TO: _____	_____ TO: _____
3. I registered to vote in ( <i>specify state</i> ): _____	_____	_____
on: MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
4. I last voted in ( <i>specify state</i> ): _____	_____	_____
on: MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____
5. Other evidence of residency, if any ( <i>e.g., employment</i> ): _____	_____	_____
6. My parent/legal guardian claims legal residency in ( <i>specify state</i> ): _____	_____	_____
from ( <i>specify month/day/year to month/day/year</i> ): _____ TO: _____	_____ TO: _____	_____ TO: _____
7. My parent/legal guardian is a citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other—specify country and visa status _____	_____	_____
Submit copy of front and back of your Alien Registration card.	_____	_____

\_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

**F VERIFICATION OF UNITED STATES ARMED FORCES MEMBERS ASSIGNMENT IN HAWAII (Military Orders Must Be Attached)**

To be completed by the member's Commanding Officer

1. Name, rank, and branch of service of military member on active duty (or Reserves) stationed in Hawai'i, and assigned to my unit or organization.

NAME \_\_\_\_\_ RANK \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

2. Estimated date of rotation from Hawai'i or separation from military service (whichever is earlier). Provide month/day/year; do not use "indefinite."  
 MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

3. Member's relationship to applicant:  Self  Spouse  Parent  Other \_\_\_\_\_  
SPECIFY

*Permission is hereby granted to release information to UH campus.*

APPLICANT'S SIGNATURE \_\_\_\_\_ SIGNATURE OF COMMANDING OFFICER \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

MILITARY MEMBER'S SIGNATURE \_\_\_\_\_ RANK AND BRANCH OF SERVICE IN HAWAII \_\_\_\_\_ PHONE NO. OF BRANCH OF SERVICE IN HAWAII \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_