

# 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.,  
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 Email: ohelp@hawaii.edu ■ Office Hours: M-F, 8:00am-5:30pm

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

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

## I. PERSONAL INFORMATION

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

**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.**

## 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)	CITY / STATE OR CITY / COUNTRY	ATTENDED / ATTENDING		MAJOR	NAME OF DEGREE, DIPLOMA, OR CERTIFICATE	MONTH / YEAR DIPLOMA EXPECTED OR RECEIVED
		FROM MONTH / YR	THROUGH MONTH / YR			

**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 may be 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.)

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

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.**

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)	CITY / STATE OR CITY / COUNTRY	ATTENDED / ATTENDING		MONTH / YEAR DIPLOMA EXPECTED OR RECEIVED
		FROM MONTH / YR	THROUGH MONTH / YR	
				to
				to
				to

**E** If you will be registering for an Education 500-599 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.**

PRINT NAME (LAST/ FIRST/ MIDDLE) US SOCIAL SECURITY NO. OR UH STUDENT ID NO.

**III. RESIDENCY DECLARATION**

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

US 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)  Spouse who is a legal resident of Hawai'i or has a statutory exemption

Parent (I am under 18 and not married)  Legal guardian (*Submit copy of court order appointment*)

Myself and parent

**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 legal resident of \_\_\_\_\_ which has no public institution of higher education. (*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 item F below*)

I am a member of the Hawai'i National Guard or Hawai'i-based Reserves. (*See item 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*)

**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 parent/legal guardian is a legal Hawai'i resident. (**If you checked this box, the parent or 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 parent/legal guardian is not a legal Hawai'i resident.

**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 **and**: your parent/legal guardian (if you are under 19 or have been claimed by him/her as a dependent for tax purposes); **or** spouse (if you are claiming residency on the basis of your spouse). That person must also date and sign below, and provide necessary documentation upon request.

	MYSELF (APPLICANT)	MY PARENT/LEGAL GUARDIAN/SPOUSE
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 (*e.g., employment*): \_\_\_\_\_

6. My parent/legal guardian/spouse claims legal residency in (*specify state*): \_\_\_\_\_  
 from (*specify month/day/year to month/day/year*): \_\_\_\_\_ TO \_\_\_\_\_

7. My parent/legal guardian is a citizen of:  US  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/SPOUSE \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

**F VERIFICATION OF UNITED STATES ARMED FORCES MEMBERS ASSIGNMENT IN HAWAI'I (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 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 HAWAI'I \_\_\_\_\_ PHONE NO. OF BRANCH OF SERVICE IN HAWAI'I \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_