

# UHM Outreach College Credit Course Application Form

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

**MAILING ADDRESS:** Outreach College, University of Hawaii at Mānoa, 2440 Campus Rd.,  
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OFFICE USE ONLY			
_____ level	_____ screen	_____ type	_____ Banner
_____ res	_____ ltr		

PRINT NAME (LAST / FIRST / MIDDLE)

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

**Semester applying for:**  Fall Extension  Spring Extension  Summer

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 \_\_\_\_\_ OTHER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ ( )

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

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

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

Were any of your ancestors Hawaiian?  Yes  No

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check all that apply):

<input type="checkbox"/> AA African American or Black	<input type="checkbox"/> GC Guamanian or Chamorro	<input type="checkbox"/> MC Micronesian (not GC)
<input type="checkbox"/> AI American Indian or Alaskan Native	<input type="checkbox"/> HW Native Hawaiian or Part-Hawaiian	<input type="checkbox"/> OA Other Asian
<input type="checkbox"/> CA Caucasian	<input type="checkbox"/> IN Asian Indian	<input type="checkbox"/> OP Other Pacific Islander
<input type="checkbox"/> CH Chinese	<input type="checkbox"/> JP Japanese	<input type="checkbox"/> SA Samoan
<input type="checkbox"/> FI Filipino	<input type="checkbox"/> KO Korean	<input type="checkbox"/> TH Thai
	<input type="checkbox"/> LA Laotian	<input type="checkbox"/> TO Tongan
		<input type="checkbox"/> VI 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 \_\_\_\_\_ MO/YEAR  
 NAME OF HIGH SCHOOL CITY / STATE AND COUNTRY

**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 EARNED
		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/Year) \_\_\_\_\_  
 If you have been suspended or dismissed from UH Mānoa, you are required to contact an Outreach College advisor.

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

**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.**

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 _____

**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 not claimed as a dependent)  Myself and parent (I am claimed as a dependent for tax purposes)  
 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. (*Please attach a copy of your passport verifying citizenship.*)
- 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 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 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):

\_\_\_\_\_ Atended 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 OR if you 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: _____	_____ ON: MONTH: _____ DAY: _____ YEAR: _____	_____ ON: MONTH: _____ DAY: _____ YEAR: _____
4. I last voted in ( <i>specify state</i> ): _____ ON: MONTH: _____ DAY: _____ YEAR: _____	_____ ON: MONTH: _____ DAY: _____ YEAR: _____	_____ ON: 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 _____	_____	_____
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 \_\_\_\_\_