

UNIVERSITY OF HAWAII AT MĀNOA • SHIDLER COLLEGE OF BUSINESS

GRADUATE PROGRAMS APPLICATION FORM

USE APPLICATION INSTRUCTIONS WHEN FILLING THIS FORM; PLEASE TYPE OR PRINT CLEARLY

Specify Graduate Program Applying To (Check ONLY one): Selecting more than one may delay the processing of your application

Graduate Programs:	<input type="checkbox"/> Full-time MBA (FT MBA) <input type="checkbox"/> Part-time MBA (PT MBA) <input type="checkbox"/> China International MBA (CIMBA) <input type="checkbox"/> Japan-Focused MBA* (JEMBA) <input type="checkbox"/> US International MBA (USIMBA) <input type="checkbox"/> Executive MBA (EMBA) - Hanoi	<input type="checkbox"/> Master of Accounting (MAcc) <input type="checkbox"/> 3/2 Master of Accounting (3/2 MAcc) <input type="checkbox"/> Waseda Master of Accounting (Waseda MAcc) <input type="checkbox"/> Neighbor Island MBA (NIMBA) <input type="checkbox"/> Executive MBA (EMBA)	<input type="checkbox"/> Juris-Doctorate/MBA (JD/MBA) <input type="checkbox"/> MS in Nursing Admin/MBA (MSN/MBA) <input type="checkbox"/> Masters in Civil Engineer/ MBA (MSCE/MBA) <input type="checkbox"/> Master of Human Resources Mgmt (MHRM) <input type="checkbox"/> Executive MBA (EMBA) - Ho Chi Minh <input type="checkbox"/> Master of Financial Engineering (MFE)
--------------------	--	---	--

***Requires supplemental form. See application instructions for details.**

SEMESTER <input type="checkbox"/> FALL 2010 <input type="checkbox"/> SPRING 2011 <input type="checkbox"/> SUMMER 2011	1. U.S. SOCIAL SECURITY NUMBER, IF AVAILABLE. _____ / _____ / _____	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHPLACE (State or Country)	BIRTH DATE MM DD YY / /	2. ETHNICITY (Optional)
--	--	--	----------------------------------	-------------------------------	----------------------------

3. FULL LEGAL NAME (Do not use nicknames. International applicants: Use name as listed on passport.)

FAMILY/LAST	FIRST	FULL MIDDLE
-------------	-------	-------------

4. MAIDEN OR OTHER NAMES (Under which transcripts, records, or test scores may be issued):	COUNTRY OF CITIZENSHIP <input type="checkbox"/> United States (If you have dual citizenship for the United States and another country, check United States.) <input type="checkbox"/> OTHER _____ Specify country. Indicate immigrant status or visa type in #5.	5. NON-U.S. CITIZEN IMMIGRANT STATUS OR VISA TYPE <input type="checkbox"/> U. S. PERMANENT RESIDENT Date Received (MM/DD/YY) _____ <input type="checkbox"/> F-1 STUDENT VISA <input type="checkbox"/> OTHER VISA (specify) _____
--	--	--

CURRENT MAILING ADDRESS	CITY/PROVINCE	STATE/COUNTRY	ZIP/POSTAL CODE	VALID UNTIL (MM/DD/YY)
				CURRENT TELEPHONE ()

PERMANENT OR FOREIGN MAILING ADDRESS (International students must provide an overseas address)	CITY/PROVINCE	STATE/COUNTRY	ZIP/POSTAL CODE	PERMANENT TELEPHONE ()
				OTHER TELEPHONE ()

6. EMAIL ADDRESS _____ FAX NUMBER () _____

7. Have you applied for graduate admissions to UHM previously? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, semester & year: _____	Were any of your ancestors Hawaiian? (optional) <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Person authorized by you to access info regarding your application status (optional):
8. Are you applying for a change in graduate program? <input type="checkbox"/> No <input type="checkbox"/> Yes	10. Are you interested in applying for scholarships? <input type="checkbox"/> No <input type="checkbox"/> Yes	

NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED	STATE or COUNTRY	GRADUATION DATE (MM/YY)
--	------------------	-------------------------

SUMMARY OF ALL COLLEGES/UNIVERSITIES ATTENDED. Provide an official transcript from each institution. (Use additional space on next page if necessary). List bachelor's degree(s) first; advanced degree(s) second, if any; and all other institutions of college/university level, regardless of the length of attendance.
 International applicants: List actual name of degree received or expected, **DO NOT** translate or interpret in terms of U.S. equivalent.

FULL NAME OF INSTITUTION (Do not use initials)	LOCATION (city, state or country)	START (MM/YY)	END (MM/YY)	MAJOR / PROGRAM OF STUDY	NAME OF DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED (MM/YY)
		/	/			/
		/	/			/
		/	/			/
		/	/			/

FOR OFFICE USE ONLY APPLICATION FEE	R N M F J S G C E H	ADMISSIONS TYPE ST CC CH
CC CH	TUITION STATUS: by _____ on _____ UH ID: _____	STUDENT TYPE GEOG L M I M R C T

SUMMARY OF ALL COLLEGES/UNIVERSITIES ATTENDED: (Continued from previous page)

NAME OF INSTITUTION (Do not use initials)	LOCATION (city, state or country)	START (MM/YY)	END (MM/YY)	MAJOR/ PROGRAM OF STUDY	NAME OF DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED (MM/YY)
		/	/			/
		/	/			/
		/	/			/
		/	/			/
		/	/			/

List any awards, honors, and/or achievements you have received:

List any professional organizations, extracurricular collegiate activities, and/or community activities you have participated in:

TEST INFORMATION

Graduate Management Admission Test (GMAT)

Test Date (mm/dd/yyyy): (____/____/____)

Scores:

VERBAL: _____ / _____ %
 QUANTITATIVE: _____ / _____ %
 TOTAL SCORE: _____ / _____ %
 ANALYTICAL WRITING : _____ / _____ %

When do you plan to take/retake the GMAT? (mm/dd/yyyy):
 (____/____/____)

**Test of English as a Foreign Language (TOEFL) or
International English Language Testing System (IELTS):**

Test Type (check one): IELTS
 TOEFL – Paper Based
 TOEFL – Computer Based
 TOEFL – Internet Based

Test Date (mm/dd/yyyy): (____/____/____)

Total Score: _____

How did you learn about the Shidler College of Business graduate program(s)? Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> a. UHM Web site | <input type="checkbox"/> e. Recruitment Fair | <input type="checkbox"/> i. Newspaper/Advertisement |
| <input type="checkbox"/> b. UHM Alumni | <input type="checkbox"/> f. Other Faculty Recommendation | <input type="checkbox"/> j. Parent |
| <input type="checkbox"/> c. UHM Faculty | <input type="checkbox"/> g. Reputation/Strength of Program | <input type="checkbox"/> k. Friend |
| <input type="checkbox"/> d. UHM Brochure | <input type="checkbox"/> h. College/University Guide | <input type="checkbox"/> l. Other _____ |

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____ Phone Number _____

10. CERTIFICATION OF APPLICANT

I hereby certify that the answers and responses for all items on this application form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission of admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Code.

Signature of Applicant _____ Date _____

Important: In addition to application form, applicants must submit other documents and materials listed in the Application Instructions.

Attach the completed payment form to the front of your admissions application. Your application is considered incomplete and will **NOT** be processed if payment is not received.

Application Fee Credit Card Payment Form

Semester of Application (Please check one) Fall 20__ Spring 20__ Date of Birth ____/____/____
MM DD YY

Name of Applicant _____
FAMILY/LAST FIRST FULL MIDDLE

Credit Card Type (Please check one) VISA MasterCard JCB Diners

Account Number ____/____/____ Expiration date ____/____

Provide the three (3) digit security code located on the back of your credit card at the end of the signature line: ____

Name of Card Holder (As indicated on card) _____
FAMILY/LAST FIRST FULL MIDDLE

Billing Address _____
Number and street Apt. Number City State Zip/Postal Code

Application Fee Schedule: Academic Year: 2010 to 2011- **\$60.00**

I agree to pay the appropriate graduate admissions application fee according to the card issuer agreement. I understand that the application fee is non-refundable and non-transferable.

Signature of Card Holder _____ Date _____