

# UNIVERSITY OF HAWAII AT MANOA – SHIDLER COLLEGE OF BUSINESS

Shidler College of Business – Graduate Admissions – 2404 Maile Way – Honolulu, HI 96822

Tel: (808) 956-5463 – Email: gbusadm@hawaii.edu – Web: <http://www.shidler.hawaii.edu>

## CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS

INSTRUCTIONS: Use this form ONLY if your financial support is from a non-UH-Manoa sponsor or organization. Attach original current official bank statement(s) in US dollars if your bank will not use the BANK VERIFICATION section. If sponsored by a government or private organization, an original signed award letter is required. **Photocopies and faxed documents are not acceptable. Bank statements may not be more than 60 days old.**

Mail-in completed form and documentation to the address above.

**Distance Education Restrictions** International students are restricted in the number of on-line courses they can enroll in while in the US on a student visa. Visit <http://www.hawaii.edu/issmanoa> (International Student Services Office website) for additional information.

### 2019-2020 Estimated (12) Month Student Budgets

All tuition and fee charges at the University of Hawaii campuses are subject to change in accordance with requirements of State law and/or action by the Board of Regents or university administration.

|                      |           |                |           |
|----------------------|-----------|----------------|-----------|
| <b>MBA - 21   24</b> | \$55,621* | <b>DL/EMBA</b> | \$46,524* |
| <b>MBA - 36</b>      | \$55,621* | <b>EMBA</b>    | \$52,896* |
| <b>Macc</b>          | \$55,621* | <b>MHRM</b>    | \$34,410* |

\*Amounts based on 2018-2019 academic year. Subject to change.

**TYPE OR PRINT CLEARLY. WHERE NOT APPLICABLE, WRITE "N/A".**

|                                      |                                 |                                  |                         |
|--------------------------------------|---------------------------------|----------------------------------|-------------------------|
| <input type="checkbox"/> Fall 2019   | <input type="checkbox"/> Male   | <b>Intended Graduate Program</b> | <b>Degree Objective</b> |
| <input type="checkbox"/> Spring 2020 | <input type="checkbox"/> Female |                                  |                         |

### A. APPLICANT INFORMATION AND FUNDING

#### Legal Name

Family/Last Name *(Use names as listed on passport)*

First

Full Middle

#### Email Address

#### Current Telephone

#### Permanent Foreign Address

City

State/Country

Postal code

#### Date of Birth

#### Place of Birth

#### Country of Citizenship

#### Country Issuing Your Passport

#### Country of Legal Residency

#### Occupation

#### Name of Employer

*(If employed by home government, indicate whether city, provincial or central government.)*

|  |   |   |
|--|---|---|
| <b>Applicant funds available for first year of study</b> | I agree to be financially responsible for my expenses at the University of Hawaii at Manoa for the duration of my study and I will notify the Shidler Graduate Admissions Office of any change in my financial circumstances. Confirmation of the first year of support is provided as financial evidence. I certify the information provided on this form is correct and complete to the best of my knowledge. |   |
|  | <b>US\$</b>   | <b>Applicant Signature</b> <span style="float: right;"><b>Date</b></span> |

**BANK VERIFICATION** This is to certify that the applicant listed above is financially capable of the monetary support indicated above and if the funds are outside the USA, there are no government restrictions regarding the release of the funds. This certification is offered with no responsibility on the part of this bank or financial agency.

**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened** \_\_\_\_\_

#### Address of Bank

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### Bank Seal or Stamp

|                                 |   |  |  |                                 |
|---------------------------------|---|--|--|---------------------------------|
| <b>For Office Use DSO/DATE:</b> | <input type="checkbox"/> Initial Attendance | <input type="checkbox"/> UHM J-1 Sponsorship   | <input type="checkbox"/> Refer to ISS      | <input type="checkbox"/> Denied |
|                                 | <input type="checkbox"/> School Transfer    | <input type="checkbox"/> Other J-1 Sponsorship | <input type="checkbox"/> Visa not required |                                 |

|                          |                                 |
|--------------------------|---------------------------------|
| <b>Name of Applicant</b> | <b>Date of Birth (MM/DD/YY)</b> |
|--------------------------|---------------------------------|

**B. ACCOMPANYING DEPENDENTS**

Indicate names as listed on passports and provide financial evidence of \$4,000.00 per dependent. If needed, attach sheet with additional required information.

|        | Last Name/Family Name | First Name | Place of Birth<br>City and Country | Country of<br>Citizenship | DOB<br>MM/DD/YY | Male or<br>Female |
|--------|-----------------------|------------|------------------------------------|---------------------------|-----------------|-------------------|
| Spouse |                       |            |                                    |                           |                 |                   |
| Child  |                       |            |                                    |                           |                 |                   |
| Child  |                       |            |                                    |                           |                 |                   |
| Child  |                       |            |                                    |                           |                 |                   |

**C. Please check one:**

**GOVERNMENTAL SPONSOR**       **NON GOVERNMENTAL ORGANIZATION (NGO) SPONSOR**

Attach an original signed award letter indicating the duration and amount of award.

**Name of Organization** \_\_\_\_\_ **Yearly Monetary Support in US\$** \_\_\_\_\_

**D. PRIMARY SPONSOR**

By signing below, I \_\_\_\_\_ agree to be financial responsible for the applicant listed in

**Printed Full Name of Sponsor**

Section A for the duration of his/her study at the Shidler College of Business at the University of Hawaii at Manoa. Confirmation of first year support is provided as financial evidence. I certify that the information provided below is correct and complete to the best of my knowledge.

If sponsor is not a US citizen or permanent resident and are currently residing in the US, indicate visa status \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Sponsor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**BANK VERIFICATION**

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**Name of Account Holder** \_\_\_\_\_ **Type of Account** \_\_\_\_\_ **Date Opened** \_\_\_\_\_

**Address of Bank**

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp**

**E. SECONDARY SPONSOR (IF ANY)**

By signing below, I \_\_\_\_\_ agree to be financial responsible for the applicant listed in

**Printed Full Name of Sponsor**

section A for the duration of his/her study at the Shidler College of Business at the University of Hawaii at Manoa. Confirmation of first year support is provided as financial evidence. I certify that the information provided below is correct and complete to the best of my knowledge.

If sponsor is not a US citizen or permanent resident and are currently residing in the US, indicate visa status \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Sponsor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**BANK VERIFICATION**

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**Address of Bank**

**Name of Bank Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Bank Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Bank Seal or Stamp**