

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.

2024-2025 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.

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

*Amounts based on 2022-2023 academic year. Subject to change.

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

<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Male	Intended Graduate Program	Degree Objective
<input type="checkbox"/> Spring 2024	<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.)

Applicant funds available for first year of study	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.	
	US\$	Applicant Signature Date

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

For Office Use DSO/DATE:	<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	

Name of Applicant	Date of Birth (MM/DD/YY)
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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 City and Country	Country of Citizenship	DOB MM/DD/YY	Male or 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

This is to certify that the sponsor 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 these 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**

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

This is to certify that the sponsor 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 these 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**