

GRADUATE PROGRAM SUPPLEMENTAL INFORMATION FORM

Submit this completed form to your graduate program.

University of Hawai'i

Semester <input type="checkbox"/> FALL YEAR _____ <input type="checkbox"/> SPRING YEAR _____	Proposed Graduate Program	Degree Sought	Concentration/Specialization (if any)	I plan to finance my study with: <input type="checkbox"/> Self/Family/Agency Funding <input type="checkbox"/> Need Financial Assistance				
Full Legal Name: Family/Last		First	Full Middle					
Current Mailing Address		City/Province	State/Country	Zip/Postal Code				
Telephone: ()		FAX: ()	Email Address:					
Give the name(s) of the UHM faculty member(s) you have personally communicated with in regard to admission, if any:								
List academic honors: e.g., fellowships, other scholarly awards. A resume may be submitted in lieu of this statement.								
Indicate the nature of your activities since you received your degree. A resume may be submitted in lieu of this statement.								
ACADEMIC REFERENCES		Name		Name				
Name		Telephone ()		Telephone ()				
Bachelor's Degree – University/College		State/Country	Date Awarded	Program of Study	Grade Point Average			
Master's Degree – University/College		State/Country	Date Awarded	Program of Study	Grade Point Average			
Name of Institution:		Course Number	Level of Work: Undergraduate/Graduate	Descriptive Title of Course				
Course(s) in progress								
GRE General Test	SELF-REPORTED STANDARDIZED TEST SCORES				Date	GRE Subject Test	Score	Date
	Verbal	Quantitative	Analytical	Writing		Subject Taker:		
						Miller Analogies Test		
						TOEFL		
GMAT						IELTS		
I certify the answers and responses given on this form is complete and correct to the best of my knowledge and belief.								
Applicant's Signature _____						Date: _____		