

UNIVERSITY OF HAWAII AT MĀNOA • GRADUATE DIVISION

University of Hawaii at Mānoa • Graduate Admissions Office • 2540 Maile Way, Spalding 354 • Honolulu, HI 96822
 Tel: (808) 956-8544, 956-8540 V/T: (808) 956-4257 • Email: info@grad.hawaii.edu • Web: <http://www.hawaii.edu/graduatestudies>

CONFIDENTIAL FINANCIAL STATEMENT FORM FOR INTERNATIONAL APPLICANTS

INSTRUCTIONS: Use this form ONLY if your financial support is from a non-UH-Mānoa sponsor or organization. Attach original current official bank statement(s) in U.S. 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 U.S. on a student visa. Visit http://www.hawaii.edu/issmanoa (International Student Services Office website) for additional information.		
2009-2010 Estimated Nine (9) 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(Full-time), MAcc & MFE \$38,211 Executive CBA master applicants, contact program for higher budgets.	Nursing graduate program.....\$41,763
		Other graduate programs.....\$36,627

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

<input type="checkbox"/> SUMMER 2010 <input type="checkbox"/> Spring 2010	<input type="checkbox"/> Female <input type="checkbox"/> Male	Intended Graduate Program _____	Degree Objective _____
A. Legal Name Use names as listed on passport: Family/Last _____ First _____ Full Middle _____			
Email Address _____		Current Telephone _____	
Permanent Foreign Address _____		City _____	State / Country _____
Date of Birth _____ <small>MM / DD / YY</small>		Place of Birth _____ <small>City and Country</small>	Country of Citizenship _____
Country Issuing Your Passport _____		Country of Legal Permanent Residency _____	
Occupation _____		Name of Employer _____ <small>If employed by home government, indicate whether city, provincial or central government.</small>	
Personal funds available for first year of study US\$ _____	I agree to be financially responsible for my expenses at the University of Hawaii at Mānoa for the duration of my study and I will notify the 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.		
Signature of Applicant _____ 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 U.S.A., 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 (MM/YY) _____

Address of Bank _____

Name of Bank Official _____ Title _____

Signature of Bank Official *x* _____ Date _____ Bank Seal or Stamp _____

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 dependent required information.

	Last Name / Family Name	First Name	Place of Birth City and Country	Country of Citizenship	Date of Birth MM/DD/YY	Gender Male or Female
Spouse						
Child						
Child						
Child						
Child						

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

Name of Applicant _____	Date of Birth (MM/DD/YY) _____
--------------------------------	---------------------------------------

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 U.S. \$** _____

D. SPONSOR

By signing below, I _____ **Printed Full Name of Sponsor** agree to be financially responsible for the applicant listed in Section A for the duration of his/her study at the University of Hawai'i at Mānoa. Confirmation of the first year of 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 U.S. citizen or permanent resident and are currently residing in the United States, indicate visa status _____

Relationship to Applicant _____ **Occupation** _____

Signature of Sponsor X _____ **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 U.S.A., 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 (MM/YY)** _____

Address of Bank _____

Name of Bank Official _____ **Title** _____

Signature of Bank Official X _____ **Date** _____ **Bank Seal or Stamp**

E. SECONDARY SPONSOR (IF ANY)

By signing below, I _____ **Printed Full Name of Sponsor** agree to be financially responsible for the applicant listed in Section A for the duration of his/her study at the University of Hawai'i at Mānoa. Confirmation of the first year of 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 U.S. citizen or permanent resident and are currently residing in the United States, indicate visa status _____

Relationship to Applicant _____ **Occupation** _____

Signature of Sponsor X _____ **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 U.S.A., 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 (MM/YY)** _____

Address of Bank _____

Name of Bank Official _____ **Title** _____

Signature of Bank Official X _____ **Date** _____ **Bank Seal or Stamp**