



**HAWAI'I PACIFIC UNIVERSITY**

**Office of Admission**  
Toll-free: 1-866-CALL-HPU  
Direct: (808) 544-0238  
admission@hpu.edu

# Application for Graduate Visiting Program FOR MASTERS STUDENTS

Thank you for applying to the GRADUATE Visiting Program at Hawai'i Pacific University (HPU). To ensure your application is complete, please follow the steps below.

## STEP 1

### FORM

1. Complete and sign Visiting Program Application form.
2. Complete and sign the HPU Statement of Financial Sponsorship.
3. Submit the forms to: **Office of Admission**, One Aloha Tower Drive, Honolulu, Hawai'i 96813

## STEP 2

### PAYMENT

Submit \$250.00 fee and deposit:  
**(\$50 Application Fee + \$200 Visiting Pre-registration)**  
**(non-refundable unless not accepted into the program)**

### PAYMENT OPTIONS

1. Submit by check or cash to: **Business Office**, 1164 Bishop Street, Suite 1200, Honolulu, HI 96813, Ph: 808-356-5272 Fax: 808-543-8014  
*(Please do not send cash via postal mail.)*
2. To pay by flywire, please pay online at: [www.flywire.com/pay/hpu](http://www.flywire.com/pay/hpu)

**Please note: You must pay both charges at the same time in order for your application to be processed.**

## STEP 3

### SUPPLEMENTAL MATERIAL

1. Official Academic Transcript with proof of graduation and bachelor's level degree (**officially certified, in English**)\*
2. Copy of Passport Photo Page
3. Proof of English Proficiency (**original or officially certified test results**)

## STEP 4

### ADDITIONAL DOCUMENTS

These items will be needed as well; however, they may be submitted later:

1. Proof of Health Insurance (must meet HPU requirements) [hpu.edu/health-services/health-insurance.html](http://hpu.edu/health-services/health-insurance.html)
2. Measles, Mumps, Rubella (MMR) verification for 2 doses each (Hawaii State Law)

***If you are studying in Hawaii for 6 months or longer, a Tuberculosis (TB) clearance certificate issued in the United States must be submitted before the semester start date.***

## STEP 5

### ACKNOWLEDGMENT

By completing these steps and submitting the forms, I certify that I have carefully considered each question and that all statements are true and complete. I understand that knowingly submitting false information may warrant dismissal and prevent subsequent registration.

\*Official US equivalent Bachelor's degree transcripts must be an original document issued by the school or an official, certified copy provided by the school. These original transcripts must be post-mailed. Faxed or scanned versions, as well as uncertified copies, are not acceptable for complete processing of the application.

Transcripts issued in another language must include a certified English translation.



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This form is to be used for visiting students who plan to study at the Masters/Graduate level ONLY.

**REMINDER:** Please complete your name as shown on your passport. YOU MUST submit a copy of your passport along with your application.

## Personal Information (Note: Please print name as it appears on your passport)

<b>Last/Family Name</b>		<b>Given/First Name</b>		<b>Middle Name</b>		<b>SEVIS#</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Country of Birth</b>		<b>Country of Citizenship</b>		<b>Gender</b>		<b>Date of Birth (mm/dd/yyyy)</b>	
<input type="text"/>		<input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female		<input type="text"/>	
<b>Native Language</b>		<b>Visa Type (if known)</b>		<b>Email Address</b>			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
<b>Current Mailing Address</b>							
Street Address <input type="text"/>		City/Town <input type="text"/>		Country/State <input type="text"/>		Postal Code <input type="text"/>	
<b>Current Telephone</b>		<b>Mobile/Cell Telephone</b>		<b>Fax</b>		<b>Address Valid until (mm/dd/yyyy)</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Permanent Mailing Address (if different from current address)</b>							
Street Address <input type="text"/>		City/Town <input type="text"/>		Country/State <input type="text"/>		Postal Code <input type="text"/>	
<b>Permanent Telephone Number (Please include your country code, city code and phone number)</b>							

**If Military:**

Service: \_\_\_\_\_ Status: \_\_\_\_\_ Rank: Enlisted    Officer    Warrant Officer

**How did you first hear about Hawai'i Pacific University?**

**If you are working with an agent or education representative please list their name below.**

## Emergency Contact (required)

<b>Last/Family Name</b>		<b>Given/First Name</b>		<b>Middle Name</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Telephone</b>		<b>Email Address</b>			
<input type="text"/>		<input type="text"/>			
<b>Relationship to student:</b>					
<input type="text"/>					

## Academic Information

**Year applying for** \_\_\_\_\_ **Visiting term(s) applying for** (please choose your term, **MAXIMUM TWO (2) SEMESTERS**):

Fall Semester (September - December)   
  Spring Semester (January - May)   
  Summer (May - August)

**How many terms will you study at HPU?**    **One Term**    **Two Terms** (please make sure that you have checked all terms above)



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## Academic Background

Name of university enrolled in or graduated from:

Name of program you are currently enrolled in at your University:

Length of program (years):

Years completed:

Please list any courses in which you are currently enrolled that do not appear on your university transcript:

Course Name	Credits	Course Name	Credits
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## English Requirements

As an international student, you are required to show written proof of your English proficiency by submitting test results. Select the statement below that applies to you.

I have taken an English proficiency test. Yes No Month Year

I have taken an English proficiency test. If Yes: Name of Test Score Year Taken

## Applicant's Signature

I hereby certify that all information provided above and all references listed in or enclosed with this application is to the best of my knowledge, true, and correct.

Signature

Date (mm/dd/yyyy)