University of Hawai'i/East-West Center International Cultural Studies Graduate Certificate Program

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GRADUATE INFORMATION FORM: EAST-WEST CENTER SCHOLR

MAIL THIS COMPLETED FORM DIRECTLY TO THE INTERNATIONAL CULTURAL STUDIES GRADUATE CERTIFICATE PROGRAM Proposed Semester of Enrollment: Fall 20____ Spring 20___ Student ID/Social Security No. _____ Academic Program Applying for or Currently Enrolled in: _____ Full Legal Name: Family/Last First Middle State/Country Zip/Postal Code City/Province Current Mailing Address Telephone: (__)_____ FAX: (__)____ E-mail: _____ Citizenship: USA Other____ Specify Country ☐ US Perm Res/Immigrant-Citizen of _____ REFERENCES Name of Academic Reference #1: ______ Phone: (______ **ATTACHMENTS** Personal Statement (maximum two pages) ONE Letter of Recommendation I certify that the information given on this form is complete and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date _____