

GRADUATE INFORMATION FORM: REGISTERED UHM GRADUATE STUDENTS

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

Current Mailing Address City/Province State/Country Zip/Postal Code

Telephone: (____) _____ FAX: (____) _____ E-mail: _____

Citizenship: ☐ USA ☐ Other _____

Specify Country

☐ US Perm Res/Immigrant-Citizen of _____

REFERENCES

Name of Academic Reference #1: _____ Phone: (____) _____

Name of Academic Reference #2: _____ Phone: (____) _____

Name of Academic Reference #3: _____ 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 _____