

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

East-West Center Burns Hall room 2004, 1601 East-West Rd, Honolulu, HI, 96848-1601, USA

Tel: 808-944-7243 Fax: 808-944-7070 Email: culture@hawaii.edu Website: www2.hawaii.edu/~culture

GRADUATE INFORMATION FORM

MAIL THIS COMPLETED FORM DIRECTLY TO THE INTERNATIONAL CULTURAL STUDIES
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: _____

Social Security Number: _____ Citizenship: USA Other _____
Specify Country
 US Perm Res/Immigrant-Citizen of _____

Name of academic reference #1: _____ Phone: () _____

Name of academic reference #2: _____ Phone: () _____

Name of academic reference #3: _____ Phone: () _____

DEGREE(S) AWARDED/EXPECTED

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: _____

STANDARDIZED TEST INFORMATION

(For Foreign Applicants only – Minimum score allowable: 540)

TOEFL: Score _____ Date: _____

FINANCIAL INFORMATION

Payment of tuition and fees via self, sponsor or family funds. Need Financial Aid assistance.

ATTACHMENTS

Please attach the following documents: (1) Statement of Interest (maximum two pages); (2) ONE Writing Sample; (3) THREE Letters of Recommendation; (4) ONE copy of transcript from each university/college attended.

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 _____