**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: REGISTERED UHM GRADUATE STUDENTS

MAIL COMPLETED FORM TO INTERNATIONAL CULTURAL STUDIES CERTIFICATE PROGRAM

Proposed Semester of Enrollment: ☐ Fall 20___ ☐ Sp 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_____ ☐ US Perm Res/Immigrant Citizen_____
Specify Country Specify Country

## REFERENCES

Name of Academic Reference #1: _____ Phone: ( ___)_____
*(Letter of recommendation)*

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 _____