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: INDEPENDENT STUDENTS

MAIL COMPLETED FORM TO INTERNATIONAL CULTURAL STUDIES CERTIFICATE PROGRAM

Proposed Semester of Enrollment: ☐ Fall 20___ ☐ Sp 20___ Student ID/Social Security No._____

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: (___)_____
(Letter of recommendation)

Name of Academic Reference #3: _____ Phone: (___)_____
(Letter of recommendation)

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

☐ Personal Statement *(maximum two pages)*
☐ ONE Writing Sample
☐ THREE Letters of Recommendation
☐ 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 _____