

**UNIVERSITY OF HAWAI'I AT HILO**  
**PhD in Pharmaceutical Sciences**  
Application Fee Form



UNIVERSITY  
of HAWAI'I®  
**HILO**



PLEASE TYPE OR PRINT CLEARLY IN INK. The application fee is \$50.00 and is non-refundable. This form must accompany your payment. Checks and money orders must be drawn from a U.S. Bank and be made payable to "UH Hilo". Please mail checks and money orders to the address below; credit card payments may be mailed or faxed.

**Applicant Information**

Legal Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

UHH ID# (you may leave this field blank if you do not have one): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Cardholder Information**

Name (as printed on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Mastercard

Visa

Card Number: \_\_\_\_\_ CVV (Last 3 digits on the back of the card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*I agree to pay \$50.00 (US) according to the card issuer agreement. By signing this payment authorization form I acknowledge that the \$50.00 fee is non-refundable and non-transferable.*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail/Fax To:**

University of Hawaii at Hilo  
The Daniel K. Inouye College of Pharmacy  
Office of Student Services  
PhD Program Admissions  
200 W. Kawili Street  
Hilo, HI 96720  
FAX: (808) 933-3889

**FOR OFFICIAL USE ONLY**

Student ID:

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