



# University of Hawai'i at Hilo

## The Daniel K. Inouye College of Pharmacy

### Matriculation Agreement

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The Daniel K. Inouye College of Pharmacy (“DKICP”) at the University of Hawaii at Hilo hereby offers to admit the undersigned as a Student (“Student”) in the four-year Doctor of Pharmacy program as a candidate for the PharmD degree in the Class of 2021, commencing in August 2017, subject to the terms and conditions set forth herein. In consideration thereof, the Student agrees to satisfy all of the following requirements by the dates designated below before being able to matriculate as a new student. DKICP reserves the right to deny matriculation or continued enrollment to any student who, in the opinion of DKICP, violates any University policy or procedure, or engages in conduct that is detrimental to the University, its faculty, students or the health care profession.

**Payment of a non-refundable deposit in the amount of \$500.00 is due before the close of business on the date indicated in the offer letter.** Deposits shall be made by cash, check, money order or credit card payable to “University of Hawai’i at Hilo” and hand delivered or sent by a trackable mail service (e.g., certified U.S. Postal Service, FedEx, UPS, etc.) to:

University of Hawai’i at Hilo  
The Daniel K. Inouye College of Pharmacy  
Office of Student Services  
200 W. Kawili Street  
Hilo, HI 96720

Deposits are to be sent with this signed original Matriculation Agreement and the Matriculation Deposit Form. **Deposits received shall be credited against the first semester’s tuition.**

#### **CANCELLATION POLICY**

**Cancellations may be made with written notification within three business days after the date of signature on this matriculation agreement.** The Student may cancel this contract and receive a full refund of all matriculation deposit monies paid to date if cancellation is made in writing to the Office of Student Services and mailed/delivered to the institution at the address stated here within three business days (excluding Saturday, Sunday and Federal or State holidays) after the date of signature noted on this matriculation agreement.

**The following documents must be submitted in a complete, accurate, and timely manner. Failure to comply with the following requirements will result in the Student's forfeiture of his/her matriculation opportunity.**

- ❑ **Submit the following documents to the Office of Student Services by the date indicated in the letter of offer:**
  - Signed Original Matriculation Agreement (A fully executed copy will be returned to the Student after the Dean signs.)
  - Original Matriculation Deposit Form
  - Deposit Payment
  - **PERMANENT RESIDENTS:** Must provide a copy of their permanent resident alien card.
  - **INTERNATIONAL STUDENTS:** All non-U.S. citizens/non-permanent residents must provide a copy of their current Passport, Visa, Form I-20, and proof that sufficient funds have been deposited in a national or international bank to cover the cost of attendance at DKICP as determined by the DKICP Office of Student Services. **Contact DKICP at [pharmacy@hawaii.edu](mailto:pharmacy@hawaii.edu) for additional details.**
  
- ❑ **Submit the following to the DKICP Office of Student Services by June 1, 2017.**
  - Official transcript(s) from all colleges and universities attended. The transcripts must indicate that the student has satisfactorily completed all prerequisite coursework with a grade of C or better (C- grades will not be accepted).
  - If all official transcripts are not available by the deadline indicated above, the student must submit either submit an official grade report or a letter from the instructor verifying that prerequisite coursework is in process and that a satisfactory grade is being earned. Official transcripts must be forwarded once final grades are available.
  - Please note the transcripts sent to PharmCAS during the application process will **NOT** fulfill this requirement.
  
- ❑ **Submit to the DKICP Office of Experimentals by June 1, 2017:**
  - All Student Health Clearance Documents as indicated on the website <http://pharmacy.uhh.hawaii.edu/uhhcopacceptedstnsonly.php>. It is required that all DKICP students are immunized for Tetanus/Diphtheria/Pertussis, Hepatitis B, Varicella, Measles, Mumps and Rubella. DKICP students are also required to obtain a 2-step Tuberculosis test, maintain health insurance and have a valid CPR card while enrolled in the program. The appropriate CPR training will be arranged and scheduled during the P1 academic year. It is strongly suggested that DKICP students are immunized for Polio, Hepatitis A, and Meningococcal.

❑ **ADDITIONAL CONDITIONS:**

- All students must acknowledge that they are aware of the policies, procedures, and expectations as indicated in the DKICP Student Handbook dated August 2017; this catalog will be distributed to all matriculated students during orientation.

**Furthermore, the Student understands that DKICP maintains the right to deny Matriculation or Continued Enrollment to any Student who:**

- Fails to successfully complete all required prerequisite courses with a satisfactory grade or fails to submit appropriate documentation to track the completion of prerequisites.
- Fails to submit final transcripts.
- Fails to successfully complete any necessary undergraduate degree requirements at a regionally accredited college or university.
- Fails to submit deposits, tuition, or additional documents as required on or before any specified due date.
- Does not meet the technical standards with reasonable accommodations as outlined in the current University catalog.
- **Fails to submit all of the Student Health Clearance Documents by dates indicated.**
- Fails to maintain medical insurance coverage while attending University of Hawai'i at Hilo DKICP.
- Incompletely or falsely submits information orally or in writing in support of admission or if the information cannot be verified to the satisfaction of University of Hawai'i at Hilo DKICP.
- Engages in behavior that is illegal, immoral, or deemed to be a threat to the health or well-being of the University of Hawai'i at Hilo DKICP, its faculty, or students.



# University of Hawai'i at Hilo

## The Daniel K. Inouye College of Pharmacy

### Matriculation Agreement

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My signature below signifies that I have read and understand all aspects of this Matriculation Agreement and recognize my legal responsibilities in regard to this contract.

**Student Information:** (please print)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**College Information:**

University of Hawaii at Hilo  
The Daniel K. Inouye College of Pharmacy  
200 W. Kawili Street  
Hilo, HI 96720-4091  
Ph: (808) 933-2909

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Carolyn Ma, PharmD, BCOP  
Dean

\_\_\_\_\_  
Date