



University of Hawai'i at Hilo

The Daniel K. Inouye College of Pharmacy

Matriculation Deposit Form

Please type or print clearly in ink

Please complete and submit this form with your signed matriculation agreement and \$500 seat deposit. The seat deposit is non-refundable and non-transferrable (see Cancellation Policy noted in the Matriculation Agreement).

- To pay by check or money order: Complete Section A, attach your payment and mail to address below. Check or money order can only be used if drawn from a U.S. Bank. Please make all checks and money orders payable to “University of Hawai’i at Hilo.”
- To pay by credit card: Complete Sections A and B. Mail this form to the address below.

SECTION A – STUDENT INFORMATION

Legal Name: Family/Last	First/Given	Middle Initial	U.S. Social Security Number
Permanent Address: Number and Street	City	State and Zip Code	Phone Number (hm)
Mailing Address: Number and Street	City	State and Zip Code	(wk)
PharmCAS ID:			Date of Birth

SECTION B – CARDHOLDER INFORMATION

Name (as printed on card):	Phone Number	
Billing Address: Number and Street	City	State and Zip Code
Card Type (Please circle): Mastercard Visa		
Card Number:	CVV (Last 3 digits on the back of the card):	Expiration Date:
<i>I agree to pay \$500 (US) according to the card issuer agreement. By signing this payment authorization form I acknowledge that the \$500 fee is non-refundable and non-transferrable.</i>		
Cardholder Signature:	Date:	

MAIL ORIGINAL 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

FOR OFFICIAL USE ONLY

Student ID:

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