



**UNIVERSITY OF HAWAI'I AT HILO**  
**THE DANIEL K. INOUE COLLEGE OF PHARMACY**  
**PhD in Pharmaceutical Sciences**

**Application Fee Form**

PLEASE TYPE OR PRINT CLEARLY IN INK. The application fee is \$50.00 and is non-refundable. This form must accompany your check or money order payment. Checks and money orders are payable to "UH Hilo" and must be drawn from a U.S. Bank.

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**<https://hilo.hawaii.edu/academics/pharmacy/application/>**

***Please enter "PhD" in the required PharmCAS ID field.***

**Applicant Information**

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

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

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

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

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

**Mail To:**

University of Hawaii at Hilo  
The Daniel K. Inouye College of Pharmacy  
Office of Student Services  
PhD Program Admissions  
200 W Kawili St  
Hilo, HI 96720-4091

**FOR OFFICIAL USE ONLY**

UH ID:

Date:

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