



UNIVERSITY
of HAWAII*

HILO

UNIVERSITY OF HAWAII AT HILO

The Daniel K. Inouye College of Pharmacy

PhD in Pharmaceutical Sciences Application Form

Academic Year _____ - _____



PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE THIS FORM AND SUBMIT IT TO:
University of Hawaii at Hilo The Daniel K. Inouye College of Pharmacy, PhD Program Admissions, 200 W. Kawili Street, Hilo, HI 96720

<input type="radio"/> Fall <input type="radio"/> Spring	Social Security #	Legal Name: Family/Last	First/Given	Full Middle	Any Other Names Used
Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate (MM/DD/YY) / /	Birthplace (State or Foreign Country)	Citizenship <input type="radio"/> USA <input type="radio"/> Other	Non-US Citizenship--Visa Type (Attach copy-greencard) <input type="radio"/> Student Visa <input type="radio"/> Immigrant - Date Received <input type="radio"/> Other	
Name of High School Graduated / Will Graduate From			State / Country of High School		Graduation Date / /
Current Mailing Address: Street		City/Province	State/Country	Zip/Postal Code	Until (M/D/Y) / /
Permanent Address: Street		City/Province	State/Country	Zip/Postal Code	Phone Number(s)
Email Address(es)					Were any of your ancestors Hawaiian? <input type="radio"/> Yes <input type="radio"/> No

Ethnicity (Select One)	Race (Select One or more)		
<input type="radio"/> Hispanic or Latino	<input type="checkbox"/> African or Black (AA)	<input type="checkbox"/> Japanese (JP)	<input type="checkbox"/> Native Hawaiian / Part-Hawaiian / Mixed-Hawaiian (HW)
<input type="radio"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian (AI)	<input type="checkbox"/> Korean (KO)	<input type="checkbox"/> Samoan (SA)
	<input type="checkbox"/> Caucasian / White (CA)	<input type="checkbox"/> Laotian (LA)	<input type="checkbox"/> Tongan (TO)
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	<input type="checkbox"/> Asian Indian (IN)	<input type="checkbox"/> Thai (TH)	<input type="checkbox"/> Guamanian / Chamorro (GU)
	<input type="checkbox"/> Chinese (CH)	<input type="checkbox"/> Vietnamese (VI)	<input type="checkbox"/> Micronesian (MC)
	<input type="checkbox"/> Filipino (FI)	<input type="checkbox"/> Other Asian (OA)	<input type="checkbox"/> Other Pacific Islander (OP)

List your graduate field of study and degree

Program: _____

List every College, University, Business and Post-Secondary School Attended, including any UH Campus, and the one you are currently attending, if any.						
Name of Institution (do not use initials, abbreviations permitted) List Most Recent First (Attach additional sheet if necessary)	City/State or City/Country	From Month/Yr.	Through Month/Yr.	Major	Name of Degree, Diploma or Certificate	Month/Year Expected or Received

APPLICANT'S CERTIFICATION

I certify that the answers and responses provided for all of the items on the **University of Hawaii at Hilo Application Form** are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission of my admission and subject me to the requirements and/or disciplinary measures as provided under the University's **Student Conduct Code**. Furthermore, I understand that I may be required to produce certified documents relative to the determination of my residency status and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided for in the University's rules and regulations governing the determination of residency for admission and tuition purposes.

Date _____ Signature _____
(By entering your last name on the line above, you agree that it is the same as your signature)

RESIDENCY: Do you wish to claim residency in the State of Hawaii? ☐ Yes (submit Residency Declaration) ☐ No

Attach a statement of academic and/or long range goal and a current resume.