

Study Abroad at Hawai'i Pacific University

Visiting Term

Term applying for Fall Spring

Year applying for _____

Personal Information

First Name _____

Middle Name _____

Last Name _____

Citizenship U.S. Citizen or U.S. National
 U.S. Dual Citizen
 U.S. Permanent Resident
 U.S. Refugee or Asylee
 Other (Non-U.S.)

Date of Birth (MM/DD/YY) _____

Sex Male Female Non-Binary Non-disclosure

Country of Citizenship _____

Country of Birth _____

Is English your first language? Yes No

What is the primary language spoken at home? _____

Permanent Address

Permanent Address _____

City _____

Country _____

Zip Code _____

Phone Number _____

Application Information

Have you previously applied to HPU?

Yes No

Do you plan to reside on-campus?

Yes No

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.

Yes No

Have you ever been adjudicated guilty or convicted of a misdemeanor or felony? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise required by law or ordered by a court to be kept confidential.

Yes No

Current or Previous Employment

Prior work experience?

Yes No

Educational Information

Name of Institution _____

From / to Date _____

Degree, Diploma or Certificate Earned _____

Name of Institution _____

From / to Date _____

Degree, Diploma or Certificate Earned _____

Emergency Contact Information

First Name _____

Last Name _____

Relationship to you _____

Phone Number _____

Email Address _____

Address _____

Application Payment

Credit Card Number _____

Please choose one VISA MasterCard

Expiration Date _____

CVV _____

Cardholder's Name _____

Billing Address _____

Email _____

Relationship to Student _____

Cardholder's Signature _____

Date _____

Important Information

I hereby permit College Contact to submit the information which I have provided on this form to the Hawai'i Pacific University via an electronic online application form created and maintained by the HPU.

Yes No

I acknowledge that upon creating the account by College Contact, all information will be immediately available to the institution.

Yes No

Applicant's Signature

I hereby certify that the above information is true and correct.

Signature

Date
