



## Study Abroad at Hawai'i Pacific University

Visiting Term	1							
Term applyin	g for			Fall		Spring		
Year applying for								
Personal Info	ormation	1						
First Name								 
Middle Name	2						 	 
Last Name							 	 
Citizenship		U.S. Du U.S. Pe	al Ci rmai fuge	nent Res e or Asy	sident	al		
Date of Birth	(MM/DI	D/YY)						 
Sex				Male		Female	Non-Binary	Non-disclosure
Country of Ci	tizenshi <sub>l</sub>	ρ						 
Country of Bi	rth							
Is English you	ır first la	nguage?		Yes		No		
What is the p	orimary l	anguage s	poke	en at ho	me?		 	 
Permanent A	ddress							
Permanent A	ddress _							 
City								
Country							 	 
Zip Code							 	 
Phone Numh	er							

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 9 <sup>th</sup> 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						
Curr	ent or Pre	vious	Employment			
Current or Previous Employment  Prior work experience?						
	Yes		No			
Educational Information						
Name of Institution						
From / to Date						
Deg	ree, Diplom	na or	Certificate Earned			
Name of Institution						
From / to Date						
	Degree, Diploma or Certificate Earned					

**Application Information** 

## **Emergency Contact Information**

First Name
Last Name
Relationship to you
Phone Number
Email Address
Address
Application Payment
Credit Card Number
Please choose one
Expiration Date
CVV
Cardholder's Name
Billing Address
Email
Relationship to Student
Cardholder's Signature
Date

## **Important Information**

	ai'i Pacific		ege Contact to submit the information which I have provided on this form to the ersity via an electronic online application form created and maintained by the
	Yes		No
	nowledge table to the		upon creating the account by College Contact, all information will be immediately itution.
	Yes		No
Арр	licant's Sig	natuı	re
I her	eby certify	that	the above information is true and correct.
Sign	ature		Date

