

Application for Study Abroad

1. Agent Details

Name of Agent

I hereby nominate the below Agent to submit this application to Hawai'i Pacific University (HPU) on my	y
behalf including all necessary documents, and to act as my representative for all future correspondence	e

GOstralia!-GOmerica!

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Office	□ Stuttgart □ Koel	n 🗆 Berlin/Hamburg
2. Applicant Details		
Given name		
Middle name(s)		
Family name		
Citizenship		
Country of birth		
Date of birth		/(dd/mm/yyyy)
Gender		□ male □ female □
Are you Hispanic or Latino?)	□ Yes □ No
Please list all ethnicities that apply to you (i.e. Caucasian, African American, etc.)		
Did your parents attend un	iversity?	□ Yes □ No
Is English your first languag	e	□ Yes □ No
What is the primary langua	ge spoken at home?	
2. 0		
3. Contact Details Country		
Street name & number		
City		
Postcode		
Home phone		(+)
Mobile phone		(+)
E-Mail Address		
4. Study Abroad Program In	formation	
Proposed start date		□ Fall □ Spring Year: 20
Proposed duration		□ 1 Semester □ 2 Semesters
How many credits would yo	ou like to take?	□ 12 CP □ 15 CP (Undergraduate/Bachelor) □ 9 CP □ 12 CP (Postgraduate/Master)
Have you applied to HPU be	efore?	□ No □ Yes, ID:

5. Visa Application History			
Have you ever had a visa application rejected?	☐ No ☐ Yes, please complete below		
Country			
Reason			
Have you ever been found responsible for academic or behavioral misconduct at any educational institution?	□ No □ Yes, please attach an explanation		
Have you ever been found guilty or convicted of a misdemeanor or felony? (answer no, if the conviction is sealed, annulled, pardoned, etc.)	☐ No☐ Yes, please attach an explanation		
6. English Language Qualification All applicants are required to provide evidence of t	heir proficiency in the English language.		
Have you sat an English language test?	□ No □ Yes, Test:		
Test date	/(dd/mm/yyyy)		
Test score			
7. Tertiary Education (if any) (University, etc)			
Are you currently enrolled in a tertiary institution?	□ Yes □ No		
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	/ (mm/yyyy)		
Proposed end date	/ (mm/yyyy)		
Have you already completed another tertiary program? (if yes, complete below)	□ Yes □ No		
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date/(mm/yyyy)	End date/(mm/yyyy)		

Do you have a disability or ongoing medical condition that will require you to seek special assistance from the University?	□ No □ Yes:
9. Emergency Contact	
First Name	
Last name	
Relationship	
Phone	(+)
Email	
Country	
Street name & number	
City	
State	
Postcode	
Source of Funds	☐ Self ☐ Family ☐ Other:
each application form submitted. Applications w	ndergraduate or US\$55 for graduate must be paid with vill not be processed unless accompanied by the submit your Application Fee payment via Credit Card.
Name on card	
Type of card	□ Visa □ Master □ American Express □ Diners
Card number	
Expiry date/(mm/yyyy)	CCV/Security code
Address of Credit Card Holder	
Country	
Street name & number	
City	
Postcode	
Home phone	(+)
Mobile phone	(+)
E-Mail Address	

8. Disability Information

☐ I certify that I have read all the information regardinformation I am providing in the application is true (https://studyinthestates.dhs.gov/students/prepa	ie to the best of my kr	nowledge.
☐ I agree that Hawai'i Pacific University (HPU) sec withdraw my information at any time by writing to https://www.hpu.edu/about-us/privacy-policy.htm https://hpu.teamdynamix.com/TDClient/KB/Articl	o admissions@hpu.ed <u>nl</u> and our EU GDPR p	u. HPU Privacy Policy is available at:
$\hfill\square$ I have attached a bank statement, sponsor's bascholarship letter.	nk statement, govern	ment financial guarantee or
$\hfill \square$ I certify that all the information I am providing i verify all is true and correct.	n the application is tr	ue to the best of my knowledge. I
☐ I hereby permit GOstralia!-GOmerica! to submit HPU via an electronic online application form.	t the information whic	ch I have provided on this form to
Signature	Date	(dd/mm/yyyy)

12. Declaration and Signature



Registrar's Office Phone: +1 808 544-0239 Email: registrar@hpu.edu

Undergraduate Visiting Student Advanced Course Approval Request Form

Use this form to register for the Advanced course(s) (those marked with an asterisk) on the Undergraduate Visiting Student Course List: Fall 2023. Students should fill in Part I and ask their home university faculty/study abroad office to complete Part II. Course descriptions can be found through the Course Search page. Please refer to this link for past course syllabi as a reference (i.e. Fall 2022). Syllabi information for Fall 2023 will be posted closer to the start of the semester. Upload this Approval Request Form to the Course Registration Form as a supporting document for the Advanced Course(s).

First name			Last name	
HPU ID			Home university	
(i.e.@03123456)			country	
,			Country	
Home university				
name in English	1			
Advanced Course(s) you wish to register:				
Course Code		Course Title		
(i.e. FIN3000)		(i.e. Business Finance)	
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Course Code		Course Title		
Course Code		Course Title		
Course Cous		Codico Tido		
Course Code		Course Title		
Course Code		Course Title		

Part II:

The student above is requesting to register for the Advanced Course(s) offered at Hawai'i Pacific University. Students should provide you sufficient information such as course description or past course syllabus.

I attest the student above have basic knowledge for the subject(s) and is prepared to take the above course(s).

Signature (e-signature is acceptable)		
Name (Print)	Date (r	mm/dd/yy)
Title		'