



Study Abroad Application

Date

A. Study Abroad Program Information

1. Which program are you applying for?

University of the Ryukyus

Yamaguchi University

Otago Polytechnic - Summer Program

Other

2. When would you like to study

overseas? Fall 2024

Spring 2025

Academic Year 2024 - 2025

Summer 2024

Other

B. Personal Background Information

Last Name

First Name

M.I.

UH ID Number

Birth Date

Gender

UH Email Address

Phone Number

1. Are you a US citizen?

Yes

No

2. Dual Citizens: What are your countries of citizenship?
Please list both countries.

3. Non-US Citizens: What is your country of citizenship?

4. Are you receiving federal financial aid?

Yes

No

5. Do you identify as Native Hawaiian?

Yes

No

6. Are you a first-generation college student (parents have not
attained a college degree)?

Yes

No

7. Have you ever been sanctioned with a conduct, judicial, or honor
code violation at any college or university?

Yes

No

C. Academic Information

1. What is your academic major? (e.g. Liberal Arts, Natural Science)

2. How many credits have you completed so far?

3. How many credits are you currently enrolled?
 4. When do you intend to graduate? (Month/Year)
 5. Do you intend to move on to a higher degree?
 6. Who is your Academic Advisor (please provide his/her full name)?
 7. What is your current cumulative GPA?
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D. References

Reference 1 (Name and Affiliation)

Reference 2 (Name and Affiliation)

E. Financial Information

1. What type of tuition do you pay?

Resident

Nonresident

WUE

2. Did you or will you submit a FAFSA for 2020-21? - If you submit a FAFSA, you will later need to submit a Financial Aid Budget, so that your federal student aid can be adjusted.

Yes

No

3. If you checked yes above, do you receive a Pell Grant? - If you receive a Pell Grant, you may be eligible to apply for the Gilman International Scholarship.

Yes

No

4. Are you applying for scholarships for studying abroad? If yes, provide name and the amount.

No

Yes

F. Medical Information

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

G. Signature

I understand that I must e-mail International Education office if I decide to cancel my study abroad application at any time.

I understand that violations of the UH student Conduct Code and/or failing to maintain required academic standing are grounds for disqualification from the study abroad program.

I certify that all information I have provided on this form and in my essay is correct and accurate to the best of my knowledge.

Applicant Signature

Date