

## F-1 Visa Application Packet

Please send to:  
Maui Language Institute  
University of Hawai'i Maui College  
310 West Kaahumanu Avenue  
Kahului, Hawaii, USA 96732

or scan and email to: [uhmcmli@hawaii.edu](mailto:uhmcmli@hawaii.edu)

### Checklist:

All applicable documents below must be received for your application to be considered **complete**. Please include the following when submitting your application:

- USD\$125 Application Fee\*  
*\* Application Fees are non-refundable. This fee is not included in the cost of program prices. Payment for this fee must be submitted with your application. Completed applications must be received by the Application and Payment Deadline. Hawai'i state residents may qualify for an application fee waiver.*
  - MLI Application Form and Interview
  - UHMC Health Certificate Form
  - Copy of passport
  - Full Payment of tuition and fees  
MLI accepts credit card, wire transfer, cashier's checks or money orders made out to *University of Hawaii Maui College*.
  - Bank Statement and Statement of Financial Support Form  
All international students who are to be issued a form I-20 must provide an official bank statement providing adequate funds to cover tuition and living expenses estimated at **USD\$29,517.00** per year (*\*subject to change*).
- If the student will be residing with family/sponsor bank statement funds to cover tuition and living expenses are **USD \$21,274.00** per year (*\*subject to change*).
- (**optional**) Rush Processing and Expedited Delivery Form

Please allow 2-3 weeks to process **completed** applications. The delivery of I-20 forms typically take 5-7 business days (using US Postal Service) after processing is complete.

## Maui Language Institute

Maui Language Institute  
[maui.hawaii.edu/mli](http://maui.hawaii.edu/mli)  
Phone: +1 808 984-3499

## Admissions Application Fee

Application fees are valid only for the term specified and are non-refundable and non-transferable. All applicants are required to make a payment of this non-refundable and non-transferrable application fee (by credit card, wire, money order, or cashier's check) upon submission of their applications. Applications are not considered complete until the application fee has been received by the University of Hawaii Maui College Maui Language Institute.

Application fee is **USD\$125**. Hawai'i residents may be eligible for an application fee waiver. Please complete the Application Fee Waiver form and submit to the Maui Language Institute office for consideration.

### Money Order or Cashier's Check

Payments by money order or cashier's check should be made payable to: **University of Hawaii Maui College**. The application fee is **USD\$125**. Checks must be made out for the exact amount and are accepted via mail or in person.

University of Hawaii Maui College  
 Attn: Maui Language Institute  
 310 W Kaahumanu Avenue  
 Kahului, Hawaii USA 96732

### Credit Card

Payments are also accepted over the phone for credit cards transactions during business hours. Please contact MLI staff email at [uhmcmli@hawaii.edu](mailto:uhmcmli@hawaii.edu) to arrange for an appointment either in person, or by phone or internet video conference to conduct credit card transactions or call + 010 1(808)-984-3499 (international charges will apply).

### Wire Transfers

Please use the following information for wire transfers:

University Information	
Name University of Hawaii - Maui Community College	Taxpayer ID No. 99-6000354
Department Address 310 W Kaahumanu Ave	
City, State, Zip Kahului, HI 96732	
Contact Person Name Maui Language Institute, Laulima	Telephone Number (808) 984-3499

Financial Institution Information	
Name Bank of Hawaii	
Address P. O. Box 2900	
City, State, Zip Honolulu, HI 96846	
ACH Coordinator Name	Telephone Number (808) 537-8387
Nine Digit Routing Transit Number 1 2 1 3 0 1 0 2 8	SWIFT BOHIUS77
Depositor Account Title University of Hawaii General Account	
Depositor Account Number 0001-055569	
Type of Account Checking	
Signature of Authorized Bank Official Banking Mgr	Telephone Number (808) 537-8853

# F-1 MLI Application Form

## Applicant Information

Family Name as it appears on passport

First Name

Middle

Preferred Name

Home Country Permanent Mailing Address

City

Country

Postal Code

Home Country Telephone

Hawaii Telephone

Email

Hawaii Mailing Address

City

Zip Code

Country of Birth

Country of Citizenship

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date (Month / Day / Year)

Gender (circle one):    Male    Female

## MLI Information

- I will be an F1 Visa student  
 I am entering on a B-2 (tourist) visa or WT status (visa waiver)\*\*

*\*\* B-2 (tourist) visa or Visa Waiver applicants may NOT study full time at MLI, but may be eligible for part-time study (16 hours or less) incidental to visiting in Hawaii.*

**Circle the terms you will be attending:** *\*Visit [maui.hawaii.edu/mli/payment-schedule-and-policy](http://maui.hawaii.edu/mli/payment-schedule-and-policy)*

Fall I 2021

Fall II 2021

Spring I 2022

Spring II 2022

Summer 2022

Fall I 2022

Fall II 2022

Spring I 2023

Spring II 2023

Summer 2023

Date you plan to begin MLI:

Date you plan to leave MLI:

\_\_\_\_\_  
Month                  Day                  Year

\_\_\_\_\_  
Month                  Day                  Year

## How did you hear about us?

- Internet / Website       Family / Friend       Other (please specify): \_\_\_\_\_  
 Agent (name): \_\_\_\_\_

- Fall 20 \_\_\_\_\_
- Spring 20 \_\_\_\_\_
- Summer 20 \_\_\_\_\_



**Print Form**

UNIVERSITY of HAWAI'I  
SYSTEM

**HEALTH IMMUNIZATION CLEARANCE FORM**

The State of Hawai'i Department of Health (DOH) Hawai'i Administrative Rules, Title 11 (Chapter 157 and 164.2) requires certain health requirements be met for attendance to a post-secondary institution. Registration is not allowed until all health clearances are met and submitted to the Admissions and Records Office. Health clearances must bear the signature of the practitioner, stamp, or imprinted name of the department or practitioner or name of licensed facility. A practitioner is a physician, advanced practice registered nurse (APRN), or physician assistant (PA) licensed to practice in the United States. ***This form may be rejected if it is not fully completed and signed in both sections by a U.S. licensed medical practitioner.***

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ UH ID: \_\_\_\_\_  
Print Student Last Name, First Name MI

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Are you an international student:  Yes  No

**TUBERCULOSIS (TB) CLEARANCE**

I have evaluated the individual named above using the process set out in the State of Hawai'i DOH TB Clearance Manual and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawai'i Administrative Rules.

TB Screening Date: \_\_\_/\_\_\_/\_\_\_\_\_

Negative TB risk assessment       Positive test for TB infection, and negative chest x-ray

Negative IGRA (QuantIFERON / T-SPOT) blood test       Negative test for TB infection

This TB clearance provides a reasonable assurance that the individual was free from tuberculosis disease at the time of the exam. This does not imply any guarantee or protection from future tuberculosis risk.

Signature or Stamp of Practitioner: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Print Name of Practitioner: \_\_\_\_\_ Healthcare Facility: \_\_\_\_\_

**IMMUNIZATION**

Immunizations shall include the complete date the vaccine was administered. All immunizations must meet the minimum ages and minimum intervals between doses. For a Religious exemption, see the Admissions and Records Office for the appropriate exemption form. For Medical Exemptions, see a U.S. licensed practitioner. Please refer to the Hawai'i Department of Health for guidelines on Immunization Requirements and Exceptions to these requirements.

- 1) Tdap (Tetanus-diphtheria-acellular pertussis) 1 dose:**      **Date:** \_\_\_/\_\_\_/\_\_\_\_\_
- Note: Valid Tdap dose must be administered on or after 10 years of age. Do not confuse with DTaP (administered to children 0-6 years of age). Tdap was licensed for use in the U.S. in 2005. Doses recorded as "Tdap" with an administration date in the U.S. prior to 2005 should not be counted.
- 2) MMR (Measles, Mumps, Rubella) 2 doses:**      **Dose 1 Date:** \_\_\_/\_\_\_/\_\_\_\_\_      **Dose 2 Date:** \_\_\_/\_\_\_/\_\_\_\_\_
- Note: Mumps titers are no longer accepted for proof of immunity.      Exceptions:  Born before 1957
- 3) Varicella (chickenpox) 2 doses:**      **Dose 1 Date:** \_\_\_/\_\_\_/\_\_\_\_\_      **Dose 2 Date:** \_\_\_/\_\_\_/\_\_\_\_\_
- Note: Titers are not accepted for proof of immunity.      Exceptions:  History of Varicella disease or Herpes Zoster \_\_\_/\_\_\_/\_\_\_\_\_  
 Born in U.S. before 1980

Signature of Practitioner: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name/Stamp of Practitioner: \_\_\_\_\_ Healthcare Facility: \_\_\_\_\_

Office Use Only:  TB     TB15     MR     VC     TD     MCV     GOAMEDI     SOAHOLD     OnBase

Add'l Notes: \_\_\_\_\_

COMPLETE PAGE TWO OF THIS FORM IF APPLICABLE

HEALTH CLEARANCE FORM (page 2)

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ UH ID: \_\_\_\_\_  
Print: Student Last Name, First Name MI

**COMPLETE ONLY IF STUDENT WILL BE LIVING IN ON-CAMPUS HOUSING**

Yes  No Student will be residing in on-campus housing

Yes  No This is the student's first time at this institution and is 21 years or younger

If yes to both, please provide Meningococcal Conjugate (MCV) immunization date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (at least 1 dose, on or after the age of 16 years)

Signature or Stamp of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Practitioner: \_\_\_\_\_ Healthcare Facility: \_\_\_\_\_

**COMPLETE ONLY IF STUDENT (UNDER THE AGE OF 18) WILL BE SELECTING TO RECEIVE HEALTHCARE SERVICES FROM ON-CAMPUS HEALTH FACILITY**  
(UH Mānoa, UH Hilo, Maui College, Leeward CC)

To be completed by Parent or Legal Guardian if the student is under the age of 18 when seeking health services from the University.

I, the parent/legal guardian of \_\_\_\_\_ (print student's name), in consideration of the services rendered by the University of Hawai'i *Health Center*, hereby voluntarily and knowingly, authorize and give my express consent to the *Health Center* for the administration of TB tests, immunizations, medical treatment for illnesses or injuries, and emergency care to the above-named student as deemed necessary by the *Health Center* staff.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Last Name, First Name: \_\_\_\_\_

**Save Form**

## Emergency Contact Information

### Emergency Contact Information - Local representative/Sponsor/Home-Stay Representative

_____ Last Name	_____ First Name	_____ Relation to student	
_____ Mailing Address	_____ City	_____ Country	_____ Postal Code
_____ Cell Phone Number	_____ House Telephone	_____ Email	

_____ Last Name	_____ First Name	_____ Relation to student	
_____ Mailing Address	_____ City	_____ Country	_____ Postal Code
_____ Cell Phone Number	_____ House Telephone	_____ Email	

### Emergency Contact Information - Your Home Country

_____ Last Name	_____ First Name	_____ Relation to student	
_____ Mailing Address	_____ City	_____ Country	_____ Postal Code
_____ Cell Phone Number	_____ House Telephone	_____ Email	

_____ Last Name	_____ First Name	_____ Relation to student	
_____ Mailing Address	_____ City	_____ Country	_____ Postal Code
_____ Cell Phone Number	_____ House Telephone	_____ Email	

## Bank Statement and Statement of Financial Support Form

This form must be completed for all F1 students who want to study in the United States and need to complete the Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status."

\_\_\_\_\_  
Family Name as it appears on passport

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth (Month / Day / Year)

All international students who are to be issued a Form I-20 must provide an official bank statement providing adequate funds to cover tuition and living expenses estimated at **USD\$29,517.00** per year (*\*subject to change*).

If the student will be residing with family/sponsor who will be providing room, board, and transportation, bank statement funds to cover tuition and living expenses are **USD\$21,274.00** per year (*\*subject to change*). In addition, the sponsor will need to complete the section below: "Affidavit of Financial Support."

### Bank Statement

Attach bank statement indicating the minimum tuition and living expenses

### Statement Of Financial Support

The person who is financially responsible for the student must sign below and attach bank statements or other forms of documents to verify financial support.

"By signing this affidavit of support, I agree to be financially responsible for the student indicated above by way of tuition, fees, living and other relevant expenses for the duration of this student's enrollment at the Maui Language Institute, University of Hawai'i Maui College."

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Rush Processing and Expedited Delivery Form (optional)

This option is for F1 applicants ONLY. I-20 forms can be sent via expedited delivery for an additional charge.

Rush processing and expedited delivery options are available for an additional fee. This service is optional. Request must be signed and payment must be received via email to: [uhmcmli@hawaii.edu](mailto:uhmcmli@hawaii.edu) with the subject "Rush Processing"

Rush applications are only processed once all required documents, application fee payments, and rush fee payments are submitted.

<b>RUSH PROCESSING:</b>	<b>1 - 2 Business Days</b>
<b>EXPEDITED DELIVERY:</b>	<b>3 - 5 Business Days (may vary depending on country)<sup>1</sup></b>
<b>RUSH CHARGE:</b>	<b>USD \$100 plus mail and shipping (credit card, cashier's check, money order, or wire)</b>

<sup>1</sup> For many major markets. Actual number of days may vary based on destination and customs delays.

### Applicant Information

Please print clearly:

\_\_\_\_\_

Family Name as it appears on passport

\_\_\_\_\_

First Name

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country:

\_\_\_\_\_

Phone:

\_\_\_\_\_

### Student or Sponsor Signature

Please rush process my application and expedite delivery of my I-20. I understand that delivery dates may vary depending on the country I live in and processing will not start until the rush charge of USD\$100 plus mail/shipping has been received by the Maui Language Institute.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date