



Assumption of Risk, Release & Indemnity Agreement

Name of Participant: _____

Age of Participant: _____ Date of Birth: _____

In consideration of the services of NALU Studies, The Pacific American Foundation, Hawai'i Community Foundation, the State of Hawai'i, University of Hawai'i, and all of the related entities, partners, agents, directors, advisors, officers, employees, representatives, volunteers, and all other persons acting on behalf of the entities listed above (collectively "NALU Studies"), I hereby AGREE AND CONSENT TO WAIVE AND RELEASE, to relinquish, and to forever discharge NALU Studies and its representatives on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate from any and all claims, any and all causes of action that I (we) have or may have, whether past, present or future, whether known or unknown, whether anticipated or unanticipated, as follows:

1. I understand that the activities I will engage in as part of the NALU Studies programs (the "Activities") involve conduct on, under, and/or around the ocean, streams, and mountain trails and that it is inherently dangerous, and that these Activities involve unknown and unanticipated risks and dangers which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to other people. I understand that the risks could include without limitation slips, falls, drowning, or other accidents and those they simply cannot be eliminated without jeopardizing the essential qualities of the Activities. The Activities on the ocean and the shore may require the use of surfboards and other equipment, as well boats and other ocean going vessels. These are also inherently dangerous.

Initial _____

2. I expressly agree to accept and assume all of the risks in the Activities which could include any and all risk of personal injury, death, and/or property damage. My participation in the Activities is purely voluntary. I voluntarily elect to participate in the Activities in spite of the risks and dangers.

Initial _____

3. I voluntarily release, forever discharge, and agree to hold harmless and indemnify NALU Studies and all other persons or entities acting in any capacity on its behalf from any and all claims, demands, or causes of action, brought against me or against NALU Studies, which are in any way connected with my participation in the Activities or my use of equipment or facilities, including without limitation any claims alleging negligent acts or omissions of NALU Studies or its agents or representatives, any injury or loss whatsoever suffered by me during the periods of independent travel (which I understand are unsupervised), any financial or other obligations or liabilities that I may personally incur during the course of the Activities, any intentional or unintentional damage or injury to persons or property caused in whole or in part by me, and any injury or loss that I myself may suffer.

Initial _____

4. Should NALU Studies or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to release, hold them harmless, and indemnify them for all such fees and costs.

Initial _____



5. I hereby grant to NALU Studies full authority to take whatever action it considers to be warranted in the case of a medical emergency, and I fully release NALU Studies from any liability for such decision or actions as may be taken in connection therewith. I authorize NALU Studies to place me, at my own expense, in a hospital for medical services and treatment if necessary. I also certify that I have adequate medical and other insurance to cover any injury or damage I may cause or suffer while participating in the Activities. Alternatively, I agree to bear the full costs of such injury or damage myself.

Initial _____

6. I certify that I have no medical or physical conditions which could interfere with my safety or the safety of others in the Activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Initial _____

7. I certify that I am qualified to swim in the open ocean.

Initial _____

8. While I am participating in the Activities, I agree that I will follow the instructions and direction of NALU Studies personnel at all times. I agree that NALU Studies shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate my participation in the Activities for failure to maintain these standards or for any actions or conduct which NALU Studies considers to be incompatible with the interest, harmony, comfort and welfare of the Activities and the other students.

Initial _____

9. NALU Studies reserves the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of each group. If performance of the Activities must be altered because of war, strikes, weather, government restrictions or regulations, act of god, or any other like reason, NALU Studies shall have the right to make such alteration or cancellation of part or all of the Activities as NALU Studies, in its sole discretion, deems necessary, and that only those funds I have paid to NALU Studies which have not actually been used or committed will be refunded to me. NALU Studies shall determine the amount of any refund in each individual case, if any, at its sole discretion. I understand and agree that the provisions of this Agreement and Release, rather than the provisions of any other NALU Studies or University of Hawai'i publication concerning cancellation penalties shall control refunds.

Initial _____

10. If I use my own equipment, such as surfboards or snorkel equipment, I certify that this equipment has been properly maintained, is in good working condition, and that I am competent to use it in a safe and effective manner.

Initial _____

11. If I should ever file a lawsuit against NALU Studies, its representatives or agents, I agree to do so only in the State of Hawaii. I agree that the substantive law of the State of Hawaii shall apply regardless of any conflict of law rules that might provide otherwise. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Initial _____



12. I understand and agree that this Agreement and Release will continue throughout my participation in different NALU Studies Activities. Even if I am only now contemplating limited participation in the Activities, this Agreement and Release will be binding on me for any future NALU Studies Activities I may participate in as well.

Initial _____

I have had the opportunity to read this entire document. I have read and understood it. I agree to be bound by its terms.

Dated this _____ day of _____, 20_____.

(Print) Name of Participant

Signature of Participant

(Print) Name of Witness

Signature of Witness

PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

As the Parent(s) or Guardian of _____ (print minor’s name) (“Minor”), I agree and consent to the terms and conditions set forth above. I release and discharge NALU Studies, its representatives or agents, and all others acting on their behalf, on behalf of myself, my children, my heirs, assigns, personal representative, and the Minor's estate for the right of the Minor being permitted by NALU Studies to participate in the Activities and to use NALU Studies’ equipment and facilities.

I release, hold harmless, and agree to defend and indemnify NALU Studies, its representatives, agents, directors, officers, volunteers, advisors, and all other persons or entities acting on their behalf from any and all claims brought by, or on behalf of the Minor, and which are in any way connected with such use or participation by the Minor in the Activities, effective this _____ day of _____, 20____.

(Print) Name of Parent/Guardian

Signature of Parent/Guardian



Media Release Form

Name: _____

Age: _____

I, the undersigned, do hereby consent and agree that NALU Studies, The Pacific American Foundation, and its related entities, employees, and agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to NALU Studies all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used unless expressly prohibited for any particular type, event or activity that I have given prior written notification to NALU Studies.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that NALU Studies is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Dated this _____ day of _____, 20_____.

(Print) Name of Participant

Signature of Participant

IF PARTICIPANT IS A MINOR:

As the Parent(s) or Guardian of _____ (print minor's name)
("Minor"), I agree and consent to the terms and conditions set forth above.

(Print) Name of Parent/Guardian

Signature of Parent/Guardian



Signature Page

Please make sure you and your parents/guardians have read and fully understand the CODE OF CONDUCT and DANGEROUS ACTIVITIES forms on the NALU Studies website

Printed Name: _____

I have read and understood the CODE of CONDUCT found at <https://drive.google.com/file/d/0B46uYS79B2D5cmtBMFVBY1hBbkE/view> for this laboratory and field experiential education program and I agree to adhere to the responsibilities, behaviors, and consequences listed above.

Signature

Date

I have read and understood the potential dangers inherent in this laboratory/field class found at <https://drive.google.com/file/d/0B46uYS79B2D5WXFkV1VUUUNMZEU/view> and I agree to adhere to the responsibilities listed above as well as the instructions given to me by the instructor when working in the laboratory or field.

Signature

Date



MEDICAL CONSENT FORM

PLEASE FILL OUT ONE OF THE FOLLOWING:

In the event of an emergency, I, _____
(Name of Parent/Guardian):

Consent to and authorize any medical doctor or dentist and others working under their supervision to treat:

_____ for any injury or illness.
(Student's Full Name)

I further agree to pay any and all such dental and medical costs, expenses and charges and to release and discharge and hold harmless the University of Hawaii, its officers, employees, and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care. I understand that NALU Studies, the Pacific American Foundation, Windward Community College, and the University of Hawaii, do not provide health or accident insurance or otherwise indemnify individuals with respect to injuries or other liabilities as a result of my participation in this activity.

DO NOT consent to or authorize any medical doctor or dentist or others working under their supervision to treat:

_____ for any injury or illness,
(Student's Full Name)

I therefore agree to assume the risk of any injury or illness to:

(Student's Full Name)

which may result from the lack of any medical care or treatment and further agree to release and discharge and hold harmless NALU Studies, the Pacific American Foundation, the University of Hawaii, their officers, employees, and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care or treatment. I understand that NALU Studies, the Pacific American Foundation, Windward Community College, and the University of Hawaii, do not provide health or accident insurance or otherwise indemnify individuals with respect to injuries or other liabilities as a result of my participation in this activity.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Name of Student (Print)

Signature of Student

Date



Medical Insurance Certification

NAME _____ DOB _____

SOCIAL SECURITY NUMBER _____

CHOOSE A or B

A. I, _____, certify to be on _____ medical plan which provides medical insurance coverage while participating in the NALU Studies program and herewith consent to have the above named company release information about my current membership status to NALU Studies, The Pacific American Foundation, Windward Community College, and Hawaii Institute of Marine Biology.

MEMBERSHIP NUMBER _____

SUBSCRIBER'S NAME _____

INSURANCE EXPIRATION DATE _____

B. As I choose not to have medical insurance I, _____ certify that I (or my parent/guardian) will be fully responsible for any medical expenses, including medical evacuation costs (ambulance service) that I may incur while participating in NALU Studies.

I certify that the information that I have provided above is accurate and current.

Signature

Date

If you are under 18 years of age, your parent/guardian must complete the following:

(Print) Name of Parent/Guardian

Signature of Parent/Guardian

Date



Notification in Case of an Emergency

In case of an emergency, please notify:

(Please type or print clearly)

NAME _____ Relationship _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NUMBER(S) _____

If unable to locate the person mentioned above, please contact:

(Address and phone number must differ from above)

NAME _____ Relationship _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NUMBER(S) _____

Release of Claim by Parents/Guardian (Required only for students under 18 years of age)

I certify that I am the parent or legal guardian of the above named student, and I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), Confidential Physician's Report, Medical Insurance Certification, Notification in Case of Emergency and "What is Leptospirosis?", and hereby relinquish any claim that I might have against the organizations or entities, NALU Studies, The Pacific American Foundation, Hawaii Community Links, Hawaii Community Foundation, The Harold K.L. Castle Foundation, University of Hawaii, the Hawaii Institute of Marine Biology, the State of Hawaii, or their agents, both in my own behalf and in my capacity as legal representative of the student, including without limitation any claim arising as a result of the student's leaving the supervision of the NALU Studies Environmental Education Program or at the time when the student has left the supervision of the Program.

Student Name _____

Dated this _____ day of _____, 20_____.

(Print) Name of Parent/Guardian

Signature of Parent/Guardian



7. Does the student wear glasses or contact lenses? YES NO

8. For Female Students Only. Is the student pregnant? YES NO
If pregnant, in your professional judgment should the student participate in the NALU STUDIES Program? If YES, please describe or list various types of pre-natal care, medical care, emotional support, and dietary needs, etc., that she will need.

9. List any known injuries, diseases, or operations:

Additional Comments/Concerns:

Physician's Certification

I have examined _____, and in my judgment, s/he is / is not (circle one) physically capable of participating in the NALU STUDIES Program.

In my judgment, _____ is in good / poor (circle one) physical and good / poor (circle one) emotional health, and should not be in need of / be in need of (circle one) any special attention during the NALU STUDIES Program for a serious problem concerning the student's physical or emotional condition. The injuries, operations and/or diseases mentioned in this report should not be the cause of any further problems during program activities. Medically, I recommend / do not recommend (circle one) that the student participate in the NALU STUDIES Program.

_____. M.D. Date: _____

_____. (Name of Physician, Please Print)

Address: _____

_____. Phone: _____

Please mail the completed form to:
NALU Studies
45-285 Kane'ohe Bay Drive #102
Kane'ohe, HI 96744

Attach High School Immunization Records Here

WAIVER/RELEASE FORM
Hawai'i Institute of Marine Biology, University of Hawai'i
Non-U.H. Visitors at Coconut Island

(PLEASE READ, then complete FRONT side of form for single visitor, or complete BACK side of form if two or more visitors.)

I (we), the undersigned in full recognition and appreciation of the dangers and hazards inherent in marine-related field activities, which may include acquisition of marine research data in an island environment utilizing small boats and, during transportation to and from HIMB - Coconut Island, to which I (we) may be exposed during my (our) participation in field activities and site visitations during my (our) duration of stay, _____, 20____, and, I (we) do hereby agree to assume all the risks and responsibilities surrounding my (our) participation therein or any independent research activities undertaken as an adjunct thereto. Furthermore, adults in group visitations shall be responsible for the safety of the minors in the group.

I (We) shall for myself (ourselves,) my (our) heirs, executors, and administrators hereby indemnify, defend and hold harmless the University of Hawai'i and the State of Hawai'i, and their officers, employees, agents, or any person acting on their behalf from and against: (1) any claim or demand for loss, liability or damage, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, arising from any accident or incident connected with the performance of this agreement; (2) all claims, suits and damages by whomsoever brought or made by reason of the non-observance or non-performance of any of the terms covenants and conditions herein or the rules, regulations, ordinances and laws of the federal, state, municipal or county governments. Furthermore, I (we) shall reimburse the University of Hawai'i and the State of Hawai'i, and their officers, employees, agents, or any person acting on their behalf for all attorney's fees, costs, and expenses incurred in connection with the defense of any such claims.

IN WITNESS WHEREOF, I (we) have caused this release to be executed this
_____ day of, 20_____.

Visitor (print your name)

Sponsor

Signature

Date

Parent or Guardian signature if minor

HIMB Acknowledgment:

Jane H. Ball, Assistant Director



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
RELEASE OF LIABILITY

I have requested the Department of Land and Natural Resources to allow me or my child to engage in the following activity or activities on State of Hawaii property known as Ulupo Heiau State Historical Park (hereinafter "Park"):

_____ for a period of time starting on _____ and ending on _____. I agree and acknowledge that my or my child's SAFETY is at moderate to high risk and that I accept RESPONSIBILITY. I fully understand, and by my signature acknowledge that:

I recognize and acknowledge that there are certain inherent risks and dangers involved with the above-described activity or activities at the Park involve certain inherent risks including but not limited to risk of possible injury or death and understand that the following conditions, hazards, or dangers may exist: gusty winds; sharp and/or slippery rocks; stinging or biting insects and spiders; portable or no bathroom facilities; rugged terrain; sharp tools; lack of nearby medical facilities; paint, fuel, and oil fumes; thorny plants; dense vegetation; lack of reliable communication service (including no telephone service); work on or near steam and ocean water; wet or slippery roads; herbicides, work in hunting area; steep and slippery trail and river crossings; wild animals; harsh weather conditions (ranging from hot and humid to wet and cold); flash floods; and diseases caused by water, air, or animal vectors.

To the extent that my activities may involve the use of motorized tools, hand tools, and/or handling of herbicides, I acknowledge that there are certain inherent risks and dangers involved in such activities, which include (but are not limited to) risk of possible serious bodily injury, death, or poisoning.

Knowing that the above-described activity or activities at the Park may present certain risks and dangers to me or my child, including A RISK OF SERIOUS BODILY HARM OR DEATH, I nevertheless permit myself or my child to engage in the above-described activity or activities at the Park. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the above-described conditions, hazards, and dangers at the Park. With full knowledge of said conditions, hazards, and dangers, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawaii, and any and all of its officers, employees, and agents, for death or injury to me or my child or damage to or destruction of any of my or my child's property resulting from the conditions, hazards, and dangers listed above.

In consideration for allowing me or my child to engage in the above-described activity or activities at the Park which I have requested, I, for my heirs, beneficiaries, executors, and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE the State of Hawaii, and any and all of its officers, employees, and agents, acting in their official capacities, from any and all claim(s), demand(s), or cause(s) of action on account of my

or my child's death or personal injury or on account of any injury to my or my child's property which may occur from my or my child's negligence, hazards listed herein, or an unforeseeable event, during my or my child's activity or activities at the Park described above.

I have read the above waiver and hereby release the State of Hawaii, its officers, employees, agents, and assigns from any and all liability that may result from my above-described activity or activities at the Park.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____

Printed Name: _____ Date: _____

Minor's Name(s): _____

Fall Year _____
 Spring
 Summer _____

University of Hawai'i Windward Community Colleges EZ App Form

Both tuberculosis and MMR (measles, mumps and rubella) clearances are required of all students prior to registration

Social Security No: _____ Legal Name: _____
Print Last Name, First Name, Full Middle Name

Mailing Address _____ Phone(_____) _____ Home
City, State, Zip Code Cell

Permanent Address _____ Email _____
City, State, Zip Code

Female Birth Date _____ US Citizen Birth Place _____ I have Hawaiian Ancestors
 Male / / Permanent Resident No Yes
specify country specify state or country

Ethnicity (check one) Race (circle one or more) High School (HS) Education
 Not Hispanic or Latino AA AI CA CH FI GC HW IN JP Graduated/Will Graduate HS Name _____ State: _____
 Hispanic or Latino KO LA MC OA OP SA TH TO VI Received GED
see back for code definition Did Not Graduate High School Graduation (Month/Year) _____

I Attended or Currently Enrolled in College: No Yes
 College Name _____ State: _____ Mo/Yr Last Attended: _____ Rec'd Degree? _____
 College Name _____ State: _____ Mo/Yr Last Attended: _____ Rec'd Degree? _____
If attended more than two colleges, please provide information on a separate sheet.

RESIDENCY DECLARATION
Further documentation may be requested to clarify residency

Residency is Based on (check one):
 Parent since I am 18 or younger (Parent name): _____
 Myself since I am 19 or older
 Other (name and relationship): _____
 My Legal Guardian (attach court order)

Above Person Claims Residency in the:
 State of _____ Since (month/year): _____

Above person has been present in Hawaii continuously for the last 13 months:
 No Yes

Above person has worked in Hawaii for the last 2 years:
 Yes
 No, date last employed in Hawaii (month/year): _____

Above person registered to vote:
 No
 Yes, above person registered to vote in the State of: _____

Above person voted in the last election:
 No
 Yes, above person last voted in the State of: _____

Above Person Is (check one):
 US Citizen
 Permanent Resident
 Other (specify country): _____

Above Person or Parent or Spouse (if married):
 Not in the military
 Formerly US Armed Forces stationed in Hawaii, discharged date: _____
 Active duty in US Armed Forces stationed in Hawaii
 submit orders and Military Verification form (available WinCC webpage)
 Active Hawai'i National Guard or Hawai'i-based Reserves
 submit orders and Military Verification form (available WinCC webpage)

Refer to windward.hawaii.edu for important program information, residency Rules and Regulations, policies, procedures, and deadlines

SELECT PROGRAM BELOW

Major Code: _____ **Optional:** _____

Major Code	Major Description
LBRT	Liberal Arts - General
HWST	Liberal Arts - Hawaiian Studies
NSCI-BSC	Natural Science - Biological Science
NSCI-PSC	Natural Science - Physical Science
NSCI-ENGR	Natural Science - Pre-Engineering
AGPT-PBT	Agripharmatech - Plant Biotechnology
AGPT-EPCG	Agripharmatech - Ethnopharmacognosy
AGPT-PPFT	Agripharmatech - Plant-Food Production and Technology
AGT	Agricultural Technology
PLNT-PLLM	Plant Landscaping - Landscaping Maintenance
PLNT-PLTM	Plant Landscaping - Turfgrass Maintenance
STUT-TREA	Subtropical Urban Tree Care - Arborist
STUT-TREW	Subtropical Urban Tree Care - Tree Worker
ABIT	Applied Business and Information Technology
AGSU	Sustainable Agriculture
GIGP	Geographic Infor System & Global Positioning System
WEBS	Web Support
SPEA	Early Admit (also requires Early Admit Application)
SPEA-RS	Running Start (also requires Running Start Application)
UNCL	Unclassified (non-degree/certificate)
Optional - Academic Subject Certificate only with LBRT, HWST or UNCL	
ART	Art-Drawing and Painting
BRT-BRDM	Bio-Res & Tech - Bio-Resources Development and Management
BUS	Business
HAWN-MOO	Hawaiian Studies - History and Traditions
HAWN-OLE	Hawaiian Studies - Language
HAWN-AHU	Hawaiian Studies - Land and Ocean Systems
HAWN-VAD	Hawaiian Studies - Visual Art and Design
HAWN-PA	Hawaiian Studies - Performing Arts
PSDS	Psycho-Social Developmental Studies

Please note that not all programs are financial aid eligible. Please check with our Financial Aid Office at (808) 235-7449

Applicant's Certification

I certify that the responses provided on this Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Conduct Code. I agree to produce certified documents relative to the determination of my residency status upon request and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided for in the University's rules and regulations governing the determination of residency for admission and tuition purposes. Further, I understand that the UH System shares a common database and information pertaining to me may be accessed by all UH campuses.

Applicant Signature: _____ Date: _____

INSTRUCTIONS FOR ETHNICITY AND RACE SECTIONS

The gender, ethnic background and race of each applicant is collected for data-gathering and state and federal report purposes. It may also assist in the awarding of diversity scholarships. This information does not affect the determination of admission.

ETHNICITY: Check the appropriate box on the application. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

RACE: Select one or more of the following and circle the code(s) in the appropriate box on the application.

Native Hawaiian or Pacific Islander:

- HW** Native Hawaiian/Part-Hawaiian/ Mixed Hawaiian
- SA** Samoan
- TO** Tongan
- GC** Guamanian or Chamorro
- MC** Micronesian
- OP** Other Pacific Islander

Asian:

- CA** Caucasian or White
- AA** African American or Black
- AI** American Indian/Alaskan Native
- IN** Asian Indian
- CH** Chinese
- FI** Filipino
- JP** Japanese
- KO** Korean
- OA** Other Asian
- KO** Korean
- LA** Laotian
- TH** Thai
- VI** Vietnamese

APPLICATION REQUIREMENTS

The following are required for application to the UH Community College. Applications will not be considered for admission if required documents are not submitted. All documentation is the property of the University of Hawai'i and will not be released.

1. Application Form

2. \$25 Application fee, nonrefundable, nontransferable, is required of nonresident applicants (except for members of the U.S. Armed Forces or the dependents of such members, stationed in Hawai'i, on active military duty).

3. High School Transcript - Community College applicants: A transcript is required by certain programs. The campus will inform you if it is required.

4. The Community Colleges require transcripts only if you wish to transfer those credits.

You must have official transcripts from EACH non-UH school sent directly by EACH school to the Admissions Office. Transcripts sent via fax or personally delivered/mailed are not acceptable. If you are applying for the fall semester, the transcript should include all courses completed through the previous fall semester. If you are applying for the spring semester, the transcript should include all courses completed through the previous summer.

Transcripts of courses taken at any of the ten UH campuses need not be sent.

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS OR NON-NATIVE SPEAKERS OF ENGLISH

Please contact the campus admissions office for application deadlines. International applicants on non-immigrant visas are required to submit these additional items to be considered for admission:

1. Supplementary Information Form for International Applicants (available from the Admissions Office or on the web at www.hawaii.edu/admissions/international.html).
2. Test of English as a Foreign Language (TOEFL) score. Visit: www.toefl.org or write to Educational Testing Service, Box 899, Princeton, New Jersey 08540, to apply for the test and to have your score sent directly to the Admissions Office. Applicants who are non-native speakers of English are required to submit the TOEFL score.
3. High school or any college transcripts, translated and certified by a school or U.S. consular official.
4. External exam score (GCE O, A, etc.), translated and certified by a school or U.S. consular official.

USE OF SOCIAL SECURITY NUMBER:

The University of Hawai'i ("University") is committed to safeguarding the privacy of personal and confidential information of its students, employees, alumni, and other individuals associated with the University. In the normal practice of conducting official University business, the University collects and maintains confidential information relating to its students, including a student's Social Security Number (SSN). The University requests that a student provide a SSN at the time of application to the University. The SSN is not required for enrollment, however, the University is required by federal law to report to the Internal Revenue Service ("IRS") the SSN and other information for tuition-paying students. Federal law also requires the University to obtain and report to the IRS the SSN for any person to whom compensation is paid. Due to the practical administrative difficulties which the University would encounter in maintaining adequate student records and processing financial transactions without the SSN, the University will continue to collect SSNs as permitted by law for official use within the University system. Providing the University with your SSN ensures that University programs and services are available with the least delay.

Students will be assigned a University-generated student identification number upon enrollment, which will be used as the primary identifier. The SSN will not be used as the primary identifier of students associated with the University. The SSN will be used in activities, including but not limited to, matching and reconciling documents in order to determine eligibility for admission and financial aid, to determine residency for tuition purposes, to comply with federal and/or state law reporting requirements (e.g. for financial aid, Internal Revenue Service mandates, Taxpayer's Relief Act of 1997, USCIS), and in accordance with the Family Educational Rights and Privacy Act. The SSN will not be disclosed to any persons outside the University system, except as allowed by law or with permission from the individual. This policy does not preclude, if a primary means of identification is unavailable, the University from using the SSN as needed to conduct official University business.

NON-DISCRIMINATION AND AFFIRMATIVE ACTION:

The University of Hawai'i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation, or status as a covered veteran. This policy covers admission and access to, and participation, treatment, and employment in the University's programs, activities, and services. For more information on equal opportunity policies, Title IX and ADA/Section 504 Coordinators, and University complaint procedures, visit the following website: www.hawaii.edu/eeo or contact: University of Hawai'i, System Office of Student Affairs, 2444 Dole Street, Honolulu, Hawai'i 96822, Phone: (808) 956-8753

SELECTIVE SERVICE REGISTRATION OF MALES 18 THROUGH 25

Males aged 18 - 25 are required by federal law to register with the Selective Service. Registration can be done via the web at www.sss.gov.

EMPLOYMENT OF GRADUATES:

Section 177.64 of the Rules and Regulations Governing the Guaranteed Loan Program (20 U.S.C. 1071 through 1087-1) requires that participating institutions make a good faith effort to present each prospective student, prior to the time the prospective student obligates himself or herself to pay tuition with a complete and accurate statement about the institution, its current academic or training program, and its faculties and facilities, with particular emphasis on those programs in which the prospective student has expressed interest. Further, in the case of an institution having courses of study, the purpose of which is to prepare students for a particular vocational, trade or career field, such statement shall include information regarding the employment of students enrolled in such courses, in such vocation, trade, or career field.

Accordingly, an applicant (prospective student) is advised to secure copies of the current catalog of each of the campuses of the University of Hawai'i at which the applicant is seeking admission in order to gain information describing the nature of the campus, its academic and student service programs, its faculties, and its facilities. Further, each applicant is advised to contact the Director of Placement at each of the campuses of the University of Hawai'i at which the applicant is seeking admission in order to gain information describing the potential for employment of applicants who enroll in the programs in which the applicant is seeking also to enroll.

Information on campus security is available upon request from the campus security office or Admissions Office

The refund policy is available upon request from the campus Business Office.

GRADUATION AND PERSISTENCE RATES OF FALL COHORTS

The table shows the percentage of full-time, first-time, certificate or degree-seeking undergraduates entering in fall semesters who have graduated or are still enrolled.

The rates are 6 years after entry for UH-Mānoa and UH-Hilo. For the UH-Community Colleges, the rates are for cohorts completing within 150% of normal time to completion. All rates are average rates for cohorts noted.

	Graduation	Persistence
Six years after entry, 2007 cohorts:		
University of Hawai'i at Mānoa	57%	6%
University of Hawai'i at Hilo	36%	6%
University of West O'ahu	25%	6%
Completing within 150% of normal time to completion, 2010 cohorts:		
UH Community Colleges	14%	20%
Hawai'i Community College	19%	15%
Honolulu Community College	13%	16%
Kapi'olani Community College	15%	18%
Kaua'i Community College	16%	23%
Leeward Community College	12%	24%
Maui College	14%	21%
Windward Community College	12%	19%

This information is provided for the Student Right-to-Know Act, Public Law 101-542. It provides a partial description of the graduation and enrollment patterns of students. Source UH Institutional Research and Analysis Office, February 2014.

State of Hawai'i Department of Education / University of Hawai'i System
Fall 2017 Semester Running Start Application Form

Date: _____

High School:

Student's Name:
 Last First Middle

Mailing Address: City: Zip Code:

Home Phone: Cell Phone: Email:

Class: Jr. Sr. Expected Year of Graduation:

Student is a (check one): U.S. Citizen Resident Alien Foreign Student
 (copy of card required) (additional forms required, see your high school counselor)

If you will be applying for a GEAR UP Hawai'i Running Start Scholarship, please note that you will need to be a U.S. citizen or resident alien (i.e. permanent resident) for GEAR UP Hawai'i and/or Hawai'i P-20 to pay for your participation in this class (based on the limitations of GEAR UP's federal funding). Please ask your high school counselor if you aren't sure if this situation applies to you.

Qualifies as: None Economically Disadvantaged *

* If you are economically disadvantaged (defined as receiving free lunch, reduced lunch, or the equivalent for schools not participating in the National School Lunch Program, or as participating in the Supplemental Nutrition Assistance Program – SNAP – or the Temporary Assistance for Needy Families – TANF – program), please obtain your High School's signature after you submit and print your application form. You must be economically disadvantaged AND be a U.S. citizen or resident alien (i.e. permanent resident) to apply for a GEAR UP Scholarship for Running Start.

Term and Year: **Spring 2016 Semester**

University of Hawai'i Campus Offering Course	College Course (e.g: ENG 100)	# of College Credits	Class Location (e.g. High School Campus or College Campus)	High School Requirement or Elective
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Req. <input type="radio"/> Elect.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Req. <input type="radio"/> Elect.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Req. <input type="radio"/> Elect.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Req. <input type="radio"/> Elect.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Req. <input type="radio"/> Elect.

- The University of Hawai'i and the high school reserves the right to determine admission to the university/college and/or registration in certain classes.
- The high school is the final authority on high school graduation requirements. Students must work closely with a high school counselor to ensure that graduation requirements are met. It is understood that it is the student's responsibility to ensure that the college course(s) completed as part of the Running Start program will also meet high school graduation requirements.
- The parent/guardian and student understand that if the student does not successfully complete the Running Start courses, the student may not meet high school graduation requirements.
- The student and/or parent/guardian is responsible for tuition and campus fees, books and consumable supplies, laboratory fees, transportation, and any other related educational expenses.
- The parent/guardian and the student understand that the student is expected to participate fully in all course activities, including labs, which may involve being exposed to alternative viewpoints that may include material of an adult nature.
- The parent/guardian and student understand that the Hawai'i State Department of Education is not liable for the student's health and safety when the student has left the high school campus.
- The parent/guardian and student understand that students in the Running Start program have the same rights and responsibilities as any other University of Hawai'i college student.
- Where applicable, the student gives permission for the University of Hawai'i campus to release registration information, grades, placement test scores, student academic progress, attendance, and on track completion of coursework to his/her high school administrator(s) and/or counselors.
- As the parent/guardian, I give permission to the Hawai'i State Department of Education to verify the socioeconomic status of my child to the University of Hawai'i for the purpose of determining scholarship eligibility.

My signature on this form constitutes acceptance and approval of the statements listed above.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

This student is enrolled at a Hawai'i public school, is under the age of 21 as of September 1st of the school year that the college course(s) will be taken, and will comply with the DOE and college's requirements.

High School Counselor Signature _____ Date _____ Principal Signature _____ Date _____

High School Counselor Printed Name _____ Phone # _____

<input type="checkbox"/> Fall	Year
<input type="checkbox"/> Spring	
<input type="checkbox"/> Summer	_____

**UNIVERSITY OF HAWAII
WINDWARD COMMUNITY COLLEGE
Early Admissions Application**

The Special Early Admit (SPEA) program offers youth to participate in the collegiate and post-secondary education offered within the University. SPEA provides educational opportunity for academically superior and accomplished youth under 18 years of age who is a high school student. The high school student must be (1) at least a junior status, (2) academically superior or vocationally gifted, (3) in good standing with the high school (at least 2.0 GPA), and (4) recommended by the high school authority with approval by parent/legal guardian.

To participate in the SPEA program, the high school student must submit the following documents to Admissions and Records Office at 45-720 Kea'ahala Road, Kaneohe, HI, 96744 (all documents must be submitted together):

1. UH System Application via online
2. Early Admissions Application. This application is valid for only one semester.
3. High School transcript sent directly from the high school to Admissions and Records Office
4. If homeschooling, DOE Form 4140 Exceptions to Compulsory Education
5. Tuberculosis Clearance within 12 months of start of term
6. Measles, Mumps, and Rubella Immunization

Once accepted at WinCC (notified via mail), SPEA student is required to register with a WinCC counselor. SPEA registration is on a space availability basis. SPEA student must take the college placement test and meet course pre-requisite. SPEA student is responsible for payment of tuition/fee and any other educational expenses (e.g. books, supplies, lab fee), and comply with UH and WinCC policies and procedures.

- If the student wants to continue at WinCC as an Early Admit student for the following semester, a new Early Admissions Application must be submitted to Admissions and Records Office.
- If the student is graduating from high school and wants to continue at WinCC for the following semester, a Student Record Change form must be submitted to Admissions and Records Office to change program.

Applicant Legal Name: _____ Birth Date: _____
Print Last Name, First Name, Full Middle Name

Name of High School: _____ Grade (Jr or Sr): _____

Current High School Cumulative GPA: _____ Year Graduating: _____

Recommended College Courses (semester enrollment not to exceed 2 courses):

Course Alpha/No: _____ Course Alpha/No: _____ Course Alpha/No: _____

Course Alpha/No: _____ Course Alpha/No: _____ Course Alpha/No: _____

Additional Comments: _____

I understand and certify the above statement

HS Counselor/Principal Signature: _____ Date: _____ Title: _____

Parent/Legal Guardian Signature: _____ Date: _____ Title: _____
Relationship

Student Signature: _____ Date: _____