



**Current Academic Information**

Name of school currently attending: \_\_\_\_\_

Major/Minor \_\_\_\_\_ / \_\_\_\_\_ Year in school (soph,jr,sr) \_\_\_\_\_ Current GPA \_\_\_\_\_

Courses from current semester (not listed on transcript): \_\_\_\_\_ , \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Statement of purpose**

Please attach a separate statement (one to two pages typed) explaining why you wish to study in Hawai'i. Include in your statement the ideas of why you have chosen this program, if any, your traveling experiences, and how you think the program will benefit you in relation to you future goals.

**Agreement and Waiver**

Your signature on this application form indicates your understanding and acceptance of the following statements:

- I certify that all of the above information is correct and I agree to stand by the financial, academic and conduct policies set forth by the Study Abroad Hawai'i (SAH) and its partner institutions.
- As SAH will be working on my behalf, I hereby authorize the release of my application and other records to its affiliated institutions.
- I authorize the appropriate officials of my host institution to forward official transcripts of the academic work I complete while at Hawai'i Pacific University. They (SAH) will then release this information to the appropriate officials at my home institution.
- Furthermore, I understand that the SAH and its affiliated institutions, in arranging these programs, acts only as an agent. As such, SAH, nor any of its employees, or persons, parties, organizations or agencies collaborating with them is or shall be responsible or liable for injury, loss, damage, deviation, delay, curtailment, however caused, or the consequences thereof which may occur during any of the travel or programs. SAH or the sponsoring institution reserves the right to cancel or alter any program or course for any reason.

Signature of applicant: \_\_\_\_\_

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

Detach and send these pages along with a copy of your official transcript to:  
Study Abroad Hawai'i  
17 New South St. Suite 205  
Northampton, MA 01060

## Study Abroad Hawai'i Course Selection Worksheet

Student's name \_\_\_\_\_

Home college or university \_\_\_\_\_

**Program applying for:**

Please list, in order of preference, the courses that you wish to take at Hawai'i Pacific University (HPU). Keep in mind that prior to listing these courses you should have approval from your academic advisor that these are appropriate for transferring back to your academic program of study at your home institution. If you are not seeking transfer credit, you need only to list the subjects you wish to take.

Fall Semester

	Course Number	Course Name	Will transfer back as: (i.e., HUM 100)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Spring Semester

	Course Number	Course Name	Will transfer back as: (i.e., HUM 100)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Summer Term

	Course Number	Course Name	Will transfer back as: (i.e., HUM 100)
1.			
2.			
3.			
4.			

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**To be completed by the administrator responsible for awarding transfer credit at your home college or university**

**To the Academic Dean, Academic Advisor or Study Abroad Advisor:** The above student is applying for a full-time program of study through Study Abroad Hawai'i with the expectation that the hours of credit earned will transfer directly toward the degree in progress at their home institution. Please read and sign the following:

"I confirm that the applicant has constructed the above program of study in consultation with his/her academic advisor **and** that a program based on the above selected courses is acceptable to this institution for transfer credit provided a grade of \_\_\_\_ is maintained in each course. I also confirm that, to the best of my knowledge, the student is in good standing at our institution."

Printed Name	Signature	Date
Title	Phone Number	Email

As the student will be receiving academic credit for the coursework done at Hawai'i Pacific University, to whom should the HPU transcripts be sent to for evaluation (registrar, academic dean, etc.)?

Name of office	Street Address	City	State	Zip
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# Study Abroad Recommendation Form

Study Abroad Hawai'i  
17 New South St. Suite 205  
Northampton, MA 01060

**To be completed by the applicant:**

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Program name/destination: \_\_\_\_\_ Telephone: \_\_\_\_\_

Under the provisions of the Family Education Rights and Privacy Act I hereby waive my right of access to this file: \_\_\_\_\_

Signature of applicant\* \_\_\_\_\_ Date \_\_\_\_\_

\*By signing you waive access to the contents of this recommendation and it can be sent directly to SAH

**To be completed by the evaluator:**

How long and in what capacity have you known the applicant?

Please assess according to the following criteria by checking the appropriate boxes.

	Excellent	Good	Fair	Poor	Do not know	Comments
Academic Performance						
Ability to tolerate differing viewpoints						
Judgment						
Motivation						
Personal Maturity						
Emotional Stability						
Ability to cope with difficulties						
Leadership Skills						

Are there any other comments that you have that we should consider when reviewing the applicants application for study abroad? (Please feel free to continue comments on back or attach additional sheets.)

I recommend this applicant for participation in a study abroad program:

- Without reservations
- With reservations (please explain) \_\_\_\_\_
- I do not recommend (please explain) \_\_\_\_\_

Evaluator's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your consideration. Please send directly to  
Study Abroad Hawai'i (address and fax number listed above)