

Maui Language Institute

University of Hawai'i – Maui

MLI Application Form

BACKGROUND INFORMATION

NAME: _____
(Family/Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

COUNTRY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ - _____ - _____
(country code) (area code) (number)

EMAIL ADDRESS: _____

DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

GENDER: Male [] Female []

MLI INFORMATION

When do you plan to begin MLI? (Month) _____ (Day) _____ (Year) _____

When do you plan to leave MLI? (Month) _____ (Day) _____ (Year) _____

Do you have health insurance, which provides coverage in the U.S.? Yes [] No []

(Important Note: All students must have medical insurance.)

SIGNATURE: _____ DATE: _____

* Please submit your application with a \$75 non-refundable application fee in the form of a cashier's check (US \$) or international money order (US \$) payable to: "University of Hawai'i – Maui."