



Maui Language Institute

University of Hawai'i Maui College

Application Packet for F1 Student Visa Applicants

Please send Application Packets to:

University of Hawai'i Maui College
Maui Language Institute
Mailbox #84
310 West Ka'ahumanu Avenue
Kahului, HI 96732
U.S.A.

www.MauiLanguageInstitute.com

Office: (808) 984-3499
Fax: (808) 984-3587

Maui Language Institute

Application Packet Checklist

F1 Student Visa Applicant

(Keep this page for your records)

Before you send your application packet, please make sure you have completed and enclosed all the required documents.

For your convenience, please refer to the checklist below:

- 1. *MLI Application Form*
- 2. *MLI Tuition Payment (\$1,795)*
(MLI tuition payment must be in the form of a cashier's check or international money order made out to: UH Maui College)
- 3. *\$75 Application Fee (Non-Refundable)*
(\$75 Application Fee must be in the form of a cashier's check or international money order made out to: UH Maui College)
- 4. *Original Bank Statement (in US Dollars)*
(With Affidavit of Financial Support if you will be financially supported by another source than your own money)
- 5. *Health Certificate Form*
- 6. *Proof of Medical Insurance Form*

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MLI Application Form

BACKGROUND INFORMATION

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

HOW DID YOU HEAR ABOUT US?

[] MLI Website [] Study USA [] Friend/Family [] MLI Student

[] Other (Please specify): _____

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Affidavit of Financial Support Form

(Only necessary if you will be financially supported from another source than your own money. Please include your source's bank statement.)

Student Name: _____

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

Print Name: _____

Signature: _____

Relationship to Student: _____

Date: _____

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Health Certificate Form

To be accepted at the Maui Language Institute, students must comply with Hawai'i's health requirements by completing the Health Certificate Form and the UHMC Health Clearance Form attached separately.

Please note that the Health Certificate Form has 2 parts. Both parts must be completed. Please fill out the **first three lines** of the UHMC Health Clearance Form. You may leave "UH Number or SSN" blank.

Student Name: _____ Date of Birth: _____
(Given/First) (Family/Last) (middle) Month/Day/Year

Part 1:

Students must have a Measles/MMR Immunization to be enrolled at the Maui Language Institute.

Measles/MMR Immunization

Measles/MMR immunization may be waived if you can choose **one** of the following 3 options:

- (1) I was born before 1957

Students who choose option 2 or 3 must have a physician fill out the following information below:

- (2) I have already had the required two Measles/MMR immunization doses:

Measles/MMR immunization First Dose (month/year): _____

Measles/MMR immunization Second Dose (month/year): _____

- (3) There is serologic evidence of immunity for measles, mumps and rubella:

Date of Positive Rubella IgG (blood test): _____

Date of Positive Mumps IgG (blood test): _____

Date of Positive Rubeola IgG (blood test): _____

Name and Address of Clinic / Hospital: _____

Print name of Physician: _____

Signature of Physician: _____ Date: _____

If you were not able to choose one of the first 3 options, then you will be required to have either a Measles/MMR blood test or two Measles/MMR immunization doses at the UHMC Health Center upon your arrival to the United States.

If you were not able to choose one of the first 3 options, then please choose **one** of the following 2 options:

- (4) I will get the Measles/MMR blood test at the UHMC Health Center upon arrival in the U.S.
- (5) I will get two Measles/MMR immunization doses at the UHMC Health Center upon arrival in the U.S.

Part 2:

Students must have a Tuberculin Examination (TB Test) to be enrolled at the Maui Language Institute.

Students **MUST** take the TB Test **in the United States**. TB Tests from other countries are **NOT** admissible.

Tuberculin Examination (TB Test)

- I will get a TB Test at the UHMC Health Center upon arrival in the U.S.

Appointments at the UHMC Health Center for Measles/MMR blood tests, Measles/MMR immunizations, and/or TB tests will be arranged by MLI for new students.

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Proof of Medical Insurance Form

All international students must have health coverage while attending MLI.

Medical Insurance Options

I have my own health coverage that is valid in the U.S. and I have attached a copy of the health insurance plan.

OR

I will have my own coverage that is valid in the U.S., and when I arrive on Maui. I will provide MLI with a copy of my health insurance plan on the first day of class.

University of Hawaii Maui College Health Insurance:

Alternative (meets both Non F-1 and F-1 UH student health insurance standards)

Health or medical insurance is required. Please purchase insurance in your own country and include written proof of your insurance with your application or submit on your first day of class. The University of Hawaii Maui College also offers group insurance for international students through HTH World Wide. Go to the following link: <http://www.hthstudents.com/>. Submit the group access code, GZA-19088, and sign up for your insurance online.