

# APPLICATION FOR EXECUTIVE ACCOUNTING PROGRAM (EAP)

## University of Hawai'i at Mānoa Biographical/Academic Information

Read EAP Information Before Filling Out This Form. Please Type Or Print Clearly

			1 Student Identification Number (Social Security Number)		
Full Legal Name Family / Last                      First                      Middle			2 Other names		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth		Date of birth	3 Ethnicity (optional)      Citizenship		
Name of High School Graduated from		State / Country		High School Graduation Date	
Current / Local Mailing Address			Zip Code / Country		Phone
Permanent / Home Address			Zip Code / Country		Phone
E-mail Address					

**Beginning with the most recent**, list in order of your attendance all colleges and universities you have attended, including the one in which you are currently enrolled. List all schools, regardless of the length of time enrolled or number of credits completed. If the college is part of a university with a different name, give the name of the university. For degrees received from other than U.S. institutions, list actual name of degree received or expected; do not translate or interpret in terms of American equivalent. Attach additional sheets if necessary.

Name of Institution <small>Do not use initials. Transcripts must be submitted from <b>each</b> institution listed</small>	Location <small>City, State or Country</small>	Attended/Attendance		Major	Name of Degree or Diploma received or Expected	Date received or expected Mo / Yr
		From <small>Mo / Yr</small>	To <small>Mo / Yr</small>			

### Application and Processing Fee

EAP Applicant - please submit \$60.00 Graduate Division Fee in personal check or money order payable to University of Hawaii.

EAP/MAcc Applicant - please submit \$120.00 Graduate Division Fee in personal check or money order payable to University of Hawaii.

Applicants should include their full name and date of birth on the payment. Attach the check or money order to your application before submission.

Describe in your own words the objective of undertaking the study of an Executive Accounting Program and your long-range professional goals. Please type and attach a separate sheet if necessary.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial(s) \_\_\_\_\_

Name/Nickname (for name tag) \_\_\_\_\_

Organization \_\_\_\_\_ Present Position \_\_\_\_\_

Business Address \_\_\_\_\_

Bus. Phone (\_\_\_\_) \_\_\_\_\_ Bus. Fax (\_\_\_\_) \_\_\_\_\_ Bus. E-mail \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Nature of Business \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Spouse's name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Please give a brief description of your current duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you receive company tuition assistance? \_\_\_\_\_

I hereby certify that information given on this application is complete and correct to the best of my knowledge, and understand that misrepresentation of such information may result in rejection of my application.

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Signature of Applicant

Date