Hawaii Medical College

1221 Kapiolani Blvd., PH 35
Honolulu, HI 96814
Ph: 808-237-5140 Fax: 808-237-5800

APPLICATION FOR ADMISSIONS

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number

Mailing Address	City	State	Zip	Telephone Number
E-Mail Address				Cell Number

Sex ☐ Male ☐ Female	Date of Birth	U.S. Citizen ☐ Yes ☐ No ☐ Permanent Resident ☐ I-20

Your current or most recent employer	Job Title	From: To:

Emergency Contact	Relationship	Telephone Number:
Alternate Emergency Contact	Relationship	Telephone Number:

How did you learn about Hawaii Medical Institute?

Ethnic Background

☐ Nonresident Alien ☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino ☐ Asian

☐ Native Hawaiian or Other Pacific Islander ☐ American Indian/Alaska Native ☐ Two or more races ☐ Unknown

EDUCATION INFORMATION

High School/Community School (upon graduation)	Location	Diploma or GED	Graduation Date

Last College Attended (if applicable)	Location	Degree Earned	Date Attended From: To:

What is your career goal?	Have you applied at any other schools before? ☐ No ☐ Yes If “Yes,” where?

ENROLLMENT INFORMATION

Application Fee: $ 50.00 **(Valid for 1yr./Non-Refundable)**		Start Date:
☐ Day ☐ Night ☐ Saturday	Program:	

I understand that the $50 application fee is non-refundable.

Applicant Date

Parent/Legal Guardian Date

Office use only
Receipt #:
Date Pd: