



629 Pohukaina Street, Honolulu, Hawaii 96813
 Phone: (808) 522-2700; Fax: (808) 522-2707, www.hti.edu

APPLICATION FOR ADMISSION

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Office Use Only	Typing Pre/Post	Verbal (Pre/Post)	Quantitative (Pre/Post)
Program: CTP <input type="checkbox"/> BBP <input type="checkbox"/> OTM <input type="checkbox"/> MED <input type="checkbox"/> MAP <input type="checkbox"/> PTP <input type="checkbox"/> HIT <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____			
Semester: Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Year _____ Day <input type="checkbox"/> Evening <input type="checkbox"/>			
Last Name		First Name	Middle Name
Social Security Number		Date of Birth	Telephone
			Email
Residence and / or Mailing Address			
US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Hawaiian/ Part Hawaiian Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
EMERGENCY CONTACT			
Name		Address	Phone
			Relationship
EDUCATION			
Level	Name of School	Start & End Dates	Graduate/Degree Attained
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/>
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Vocational Training			Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Other Training			Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes : Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/>	
Are you the first in your family to attend a post-secondary school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a single parent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are you the custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EMPLOYMENT HISTORY			
Name and Address of Employer	Job Description	From Month/Year	To Month/Year
Please list any accommodations that you need to attend the Institute on a regular basis, or any condition we should be aware of in case of an emergency. Information you provide will be kept strictly confidential.			
I certify that the information provided by me is true to the best of my knowledge. I understand that giving false information on this form may be grounds for rejection or dismissal from HTI			
<i>Student Signature</i>		<i>Today's Date</i>	