



HAWAII TECHNOLOGY INSTITUTE
 1130 N. Nimitz Hwy., Ste. A-226, Honolulu, Hawaii 96817
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APPLICATION FOR ADMISSION			
Office Use Only	Typing Pre/Post	Verbal (Pre/Post)	Quantitative (Pre/Post)
Program: WFP <input type="checkbox"/> CMAA <input type="checkbox"/> CCMA <input type="checkbox"/> CET <input type="checkbox"/> CPT <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"/>	Gender: 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 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"/> How many children? _____			
Current residential status: Own home <input type="checkbox"/> Rent <input type="checkbox"/> Living w/ Family <input type="checkbox"/> (or) Friends <input type="checkbox"/> Houseless shelter <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____			
How did you hear about us? Family/Friend <input type="checkbox"/> Website/Internet <input type="checkbox"/> TV/Radio/Advertising <input type="checkbox"/> College/Career Fairs <input type="checkbox"/> Referral Agency <input type="checkbox"/> Please specify _____ Other <input type="checkbox"/> Please specify _____			
CURRENT EMPLOYMENT			
<input type="checkbox"/> Currently employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed (< 20 hrs / week)			
Name and Address of Employer		Job Description	Pay (Hourly / Monthly)
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.			
Student Signature			Today's Date