



Spark M. Matsunaga Institute for Peace and Conflict Resolution  
College of Social Sciences • University of Hawai'i at Mānoa  
[www.peaceinstitute.hawaii.edu](http://www.peaceinstitute.hawaii.edu)

## **APPLICATION CHECK LIST** **GRADUATE CERTIFICATE IN CONFLICT RESOLUTION**

**The following documents must be submitted to the Graduate Admissions Office:**

- Graduate Admissions Application*  
<http://manoa.hawaii.edu/graduate/content/submitting-your-application>
- Official transcript for each post-secondary institution attended*
- Application Fee*  
OR
- Concurrent Graduate Program Application* (If you are currently enrolled in another graduate program at UHM)  
<http://manoa.hawaii.edu/graduate/content/submitting-your-application>  
*Transcripts are not necessary if you are in a graduate program*
- Application Fee*

**The following documents must be submitted to the Matsunaga Institute for Peace and Conflict Resolution at:**

Graduate Certificate Office  
2424 Maile Way, Saunders Hall 523  
Honolulu, HI 96822

- Completed *Student Information Form* (attached);
- A *one page Statement of Interest*, including conflict resolution experience and/or goals for participating in the certificate program;
- Two *letters of recommendation*  
**It is preferred to have one professional letter** from an employer, project supervisor, affiliate in an organization, or the like, and **one academic letter** from a faculty member or department head who is familiar with your record and can credibly comment on your ability and performance as a graduate student. **Student referrals will not be accepted.**

**INTERNATIONAL STUDENTS:** In addition to the above, the following documentation must be submitted to the Graduate Admissions Office:

- TOEFL Score. Minimal requirements are 600 (paper), 250 (computer) and 100 (internet);
- Verification of Financial Status.



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## Graduate Certificate in Conflict Resolution STUDENT INFORMATION FORM

**Name:** \_\_\_\_\_  
Last First Full Middle

### Your Current Mailing Address:

\_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip/Postal Code Country

### Your Permanent Mailing Address:

\_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip/Postal Code Country

**Telephone Number(s):** \_\_\_\_\_  
Home Cell

### Email Address:

\_\_\_\_\_

Do you wish to be on the Graduate Certificate in Conflict Resolution emailing list? Yes No  
(Please keep in mind that this is our primary communication method)

Do you give permission for other conflict resolution graduate staff and faculty to know your email address? Yes No

Please list other M.A. program or certificate program that you are currently in.

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