



*For Office Use Only
Semester: _____

UH ID#: _____

Intensive English Program Application Fee Form

APPLICATION FEE PAYMENT (Due with your application)																							
LEGAL NAME: FAMILY/LAST	FIRST/GIVEN	FULL MIDDLE																					
(AS IT APPEARS ON YOUR PASSPORT)																							
CURRENT MAILING ADDRESS—NUMBER STREET		CITY OR PROVINCE																					
STATE OR COUNTRY																							
Postal Code	Telephone Number																						
<p>This payment is for:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Fee</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Hawaii Community College IEP application fee (for F-1 visa student)*</td> <td style="text-align: center;">\$75</td> <td></td> </tr> <tr> <td>Hawaii Community College IEP application fee (for resident or tourist)*</td> <td style="text-align: center;">\$25</td> <td></td> </tr> <tr> <td>IEP Optional service:</td> <td></td> <td></td> </tr> <tr> <td> *Pre and Post Arrival Support</td> <td style="text-align: center;">\$125</td> <td></td> </tr> <tr> <td> * Late orientation fee</td> <td style="text-align: center;">\$50</td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td></td> <td></td> </tr> </tbody> </table> <p>* Pre and Post Arrival Support – arrange housing based on the student's needs before arrival, airport pickup, shopping tour, opening a bank account, and other services</p> <p>* All fees are non-refundable</p>				Fee	Amount	Hawaii Community College IEP application fee (for F-1 visa student)*	\$75		Hawaii Community College IEP application fee (for resident or tourist)*	\$25		IEP Optional service:			*Pre and Post Arrival Support	\$125		* Late orientation fee	\$50		Total		
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<p>Method of Payment:</p> <p><input type="checkbox"/> CREDIT CARD (Go to next box)</p> <p>If you don't have a credit card, please contact our office for payment instructions.</p> <p>Email: hawcciep@hawaii.edu, Tel: 808-934-2697/2699 Tel: 808-934-2698 (日本語 対応可)</p>	<p>Credit Card Payment:</p> <p>Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>CARDHOLDER'S NAME: _____</p> <p>ACCOUNT NUMBER: _____</p> <p>EXPIRATION DATE: ____/____/____</p> <p>Security Number: _____ (last 3 or 4 digit number on the back of the card)</p> <p>CARDHOLDER'S SIGNATURE (in English): _____</p>																						
<p>SUBMIT this form to: Intensive English Program</p> <p>Hawai`i Community College - OCET</p> <p>200 West Kawili Street, Hilo, Hawai`i 96720 USA</p> <p>Fax: 808-934-2701 (日本語 対応可)</p>																							
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<p>Fee Rec'd \$ _____ # _____ By _____</p> <p>Fee Rec'd \$ _____ # _____ By _____</p>	<p>Inputted in Banner _____ By _____</p> <p>Acceptance letter sent _____</p>																						