



Intensive English Program Application Form Part time (Tourist or Resident) student

Name: _____
Family First Middle

E-mail: _____

Date of Birth: (Month/ Day/ Year) _____ / _____ / _____

Country of Citizenship: _____

Sex: Male Female

Address:

Street _____ City _____ Country _____
Postal Code _____ Telephone Number _____ Fax Number _____

- Which month do you wish to begin studies?
 January March May August October (year) _____
Please check the exact date in "Session Date" (blue sheet) or <http://iephawaii.com/calendar.asp>
- Your English Level:
 - Reading Basic Beginner Intermediate Advanced
 - Writing Basic Beginner Intermediate Advanced
 - Grammar Basic Beginner Intermediate Advanced
 - Listening and Speaking Basic Beginner Intermediate Advanced
- Have you taken the Test of English as a Foreign Language (TOEFL)?
 Yes No
If Yes, Date: (Month/ Day/ Year) _____ / _____ / _____ Score: _____
- Have you taken the other test to know your English level? Yes No
If Yes, Test: TOEIC Score: _____ 英検: _____ 級
 Other: _____ Score: _____
- What do you plan to do after your English studies?
 Study at a US college or university Return to work in home country
 Other (give details) _____

Optional Services (Please see "Total Estimated Expenses" sheet for details)

- Do you need Pre and Post Arrival Support? (\$125) Yes No
 - **If yes,** do you want a roommate? Yes No
 - Do you smoke? Yes No
 - How much can you afford to pay for rent each month? \$ _____

HOW TO APPLY:

- Complete all sections of the application form
- Registration form
- Application fee form
- Copy of your passport

Please send these to:

Hawaii Community College
Intensive English Program
200 W. Kawili St. Bldg 379-A
Hilo, Hawaii 96720-4091 U.S.A
TEL (808) 974-7531 FAX (808) 974-7487
HP: <http://www.iephawaii.com>
E-mail: hawcciep@hawaii.edu

Assumption of Risk and Release

The personal safety of our students is a major concern at the IEP. Dangerous activities are avoided and not endorsed by the program. However, students are required to participate in activities in the Hilo community that are related to classroom work.

The *Assumption of Risk and Release* form releases the University and its employees from responsibility in the event of damage to personal property, personal injury, or death which may result from your participation in IEP Program activities, including transportation to and from the activities.

Please read the information below carefully (the IEP office may be able to provide a translation.) Then fill in the date and sign your name. Thank you.

Assumption of Risk and Release (Field Trips and Other Off Campus Activities)

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the Intensive English Program, and during transportation to and from IEP activities, to which I may be exposed during my enrollment and participation in the IEP program, do hereby agree to assume all the risks and responsibilities surrounding my participation in that program or activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, and release, and forever discharge the University, and all its officers, agents and employees from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents or employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this

_____ day of _____, 20____
DATE MONTH YEAR

SIGNATURE

PRINT YOUR NAME