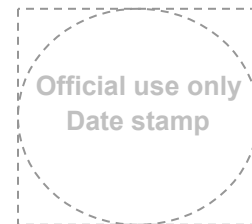




This form is also available online. iephawaii.com



Intensive English Program Application Form Full time (F-1 Visa) student

Name: _____
Family First Middle

E-mail: _____

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

Country of Birth _____ Country of Citizenship: _____

Gender: Male Female

I plan to be a **full-time** student on an F-1 student visa

Permanent Mailing Address (in home country):

Street _____ City _____ Country _____

Postal Code _____ Telephone Number _____ Fax Number _____

Address to send I-20: We can only send I-20s to the student herself/himself.

Same as above

Street _____ City _____ Country _____

Postal Code _____ Telephone Number _____ Fax Number _____

❖ Which month do you wish to begin studies?

January March June August October (year) _____

Please check the exact date on the attached pink sheet or <http://iephawaii.com/tuition-deadlines-calendar/>

❖ Have you taken the Test of English as a Foreign Language (TOEFL)? Yes No

If Yes, Date: (Month/ Day/ Year) _____ / _____ / _____ Score: _____

❖ Have you taken another test of your English level? Yes No

If Yes, Test: TOEIC Score: _____

Other: _____ Score: _____

❖ Are you currently in the USA? Yes No

If yes, please send a copy of your Form I-20 and your USA address and telephone number together with your application form.

❖ Do you plan to continue your study at an US college or university? Yes No

If yes, do you intend to pursue an associates (two-year) degree at Hawaii Community College once you meet the credit program admissions requirements?

Yes No

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

Do you need to be picked up at the Hilo International Airport? (\$100) Yes No

Do you need assistance with housing accommodations? (\$50) Yes No

❖ If yes, please choose from the following.

- 1 Bedroom (not shared)
- 2 Bed rooms (shared unit – 1 bedroom each)

❖ How much can you afford to pay for rent each month?

- \$500-\$650
- \$650-\$800
- \$800-\$890

QUESTIONS? Send e-mail to hawccint@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 (translation may be available).

hen 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

DATE _____ day of _____, 20____
MONTH YEAR

SIGNATURE _____

This form is also available online. iephawaii.com
Financial Statement (for F-1 student visa)

Each student enrolling in the IEP who needs an F-1 visa must provide evidence of adequate financial support to cover all expenses for the period of study in the United States. Please send us one of the following:

- A current bank statement on bank stationary in your name, or your family's name. Bank statements should be in English with amounts given in US dollars.
- A scholarship award letter in your name.
- A US Department of Justice Affidavit of Support Form I-134 accompanied by documentation if you are going to be supported by a US Citizen or permanent resident.

My financial support will be provided by: (please check one)

- Personal funds Funds from my family abroad Sponsor

Name of sponsor of family member providing support: _____

Affidavit of Support

To be completed by applicant's sponsor:

"I guarantee without reservation the maintenance and welfare of _____ and his/ her dependents, if indicated, including defrayment of all incidental expenses, requisite travel, and all medical expenses incurred, while the applicant is a student in Hawaii Community College Intensive English Program. I further guarantee travel funds for the applicant's departure, when such departure becomes necessary."

Name of Sponsor _____

Signature of Sponsor in English _____

Address of Sponsor _____

Relationship to Applicant _____

Amount of financial support required:

(2 months) One IEP session	\$4,258	(10 months) Four IEP sessions	\$19,085
(5 months) Two IEP sessions	\$9,543	(1 year) Five IEP sessions	\$23,343
(7 months) Three IEP sessions	\$13,801		

How did you find the Intensive English Program (IEP)?

- Agent : _____
 By a friend (Name): _____
 Website: IEP Hawaii Community College mo-hawaii.com Other _____
 Search engine: Google Bing Yahoo Other _____
 The IEP brochure

STUDENT SIGNATURE

"I certify that the above information is complete and accurate to the best of my knowledge. I fully understand that persons coming to the U.S. on a student visa are expected to study full-time. I agree to abide by all of the IEP rules and policies during my term of study."

Signature of Applicant (in English) _____ **Date** (Month/Day/Year) _____
(You must sign here in English with the name that will be used on the I-20 form. It must be the name on your passport and other official records.)

HOW TO APPLY:

- Complete all sections of the application form
- Financial guarantee information (See this page above)
- \$ 75 application fee (check, money order, or credit card)
- Copy of passport information page
- Evidence of high school or college completion and transcripts
- "Application Fee Form"
- "Hawaii Community College Health Clearance Requirements"

Please send these to:

Hawaii Community College
Office of International Programs
1175 Manono Street
Hilo, Hawaii 96720-4091 U.S.A
TEL: 808-934-2698 (日本語対応可)
FAX: 808- 934-2701

Website: <http://www.iephawaii.com>
E-mail: hawccint@hawaii.edu

Application Deadline:

8 weeks before the beginning of each session

<http://iephawaii.com/tuition-deadlines-calendar/>

Late applications can be considered, please email: hawccint@hawaii.edu

- Fall 20 _____
- Spring 20 _____
- Summer 20 _____



Print Form

UNIVERSITY of HAWAI'I
SYSTEM



HEALTH IMMUNIZATION CLEARANCE FORM

The State of Hawai'i Department of Health (DOH) Hawai'i Administrative Rules, Title 11 (Chapter 157 and 164.2) requires certain health requirements be met for attendance to a post-secondary institution. Registration is not allowed until all health clearances are met and submitted to the Admissions and Records Office. Health clearances must bear the signature of the practitioner, stamp, or imprinted name of the department or practitioner or name of licensed facility. A practitioner is a physician, advanced practice registered nurse (APRN), or physician assistant (PA) licensed to practice in the United States. ***This form may be rejected if it is not fully completed and signed in both sections by a U.S. licensed medical practitioner.***

NAME: _____ Birth Date: _____ UH ID: _____
Print Student Last Name, First Name MI

Phone Number: _____ Address: _____

Are you an international student:
 Yes No

TUBERCULOSIS (TB) CLEARANCE

I have evaluated the individual named above using the process set out in the State of Hawai'i DOH TB Clearance Manual and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawai'i Administrative Rules.

TB Screening Date: ___/___/_____

Negative TB risk assessment Positive test for TB infection, and negative chest x-ray

Negative IGRA (QuantIFERON / T-SPOT) blood test Negative test for TB infection

This TB clearance provides a reasonable assurance that the individual was free from tuberculosis disease at the time of the exam. This does not imply any guarantee or protection from future tuberculosis risk.

Signature or Stamp of Practitioner: _____ Date: ___/___/_____

Print Name of Practitioner: _____ Healthcare Facility: _____

IMMUNIZATION

Immunizations shall include the complete date the vaccine was administered. All immunizations must meet the minimum ages and minimum intervals between doses. For a Religious exemption, see the Admissions and Records Office for the appropriate exemption form. For Medical Exemptions, see a U.S. licensed practitioner. Please refer to the Hawai'i Department of Health for guidelines on Immunization Requirements and Exceptions to these requirements.

- 1) Tdap (Tetanus-diphtheria-acellular pertussis) 1 dose: Date: ___/___/_____**
Note: Valid Tdap dose must be administered on or after 10 years of age. Do not confuse with DTaP (administered to children 0-6 years of age). Tdap was licensed for use in the U.S. in 2005. Doses recorded as "Tdap" with an administration date in the U.S. prior to 2005 should not be counted.
- 2) MMR (Measles, Mumps, Rubella) 2 doses: Dose 1 Date: ___/___/_____ Dose 2 Date: ___/___/_____**
Note: Mumps titers are no longer accepted for proof of immunity.
 Exceptions: Born before 1957
- 3) Varicella (chickenpox) 2 doses: Dose 1 Date: ___/___/_____ Dose 2 Date: ___/___/_____**
Note: Titers are not accepted for proof of immunity.
 Exceptions: History of Varicella disease or Herpes Zoster ___/___/_____
 Born in U.S. before 1980

Signature of Practitioner: _____ Date: ___/___/_____

Printed Name/Stamp of Practitioner: _____ Healthcare Facility: _____

Office Use Only: TB TB15 MR VC TD MCV GOAMEDI SOAHOLD OnBase

Add'l Notes: _____



*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
<small>(AS IT APPEARS ON YOUR PASSPORT)</small>		
CURRENT MAILING ADDRESS—NUMBER STREET	CITY OR PROVINCE	STATE OR COUNTRY

Postal Code	Telephone Number
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This payment is for:

	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 Arrival Support (Please read and check the box) <input type="checkbox"/> I understand that Hawai'i CC does not provide any intervention in the event that a problem occurs with the housing unit. All concerns should be discussed directly with the resident managers.	\$50	
*Airport Support	\$100	
* Late orientation fee	\$100	
Total		

***Pre Arrival Support** – arrange housing based on the student's needs before arrival.

***Airport Support** – pick up from the airport and help with the initial shopping.

** All fees are non-refundable*

<p>Method of Payment:</p> <p><input type="checkbox"/> CREDIT CARD</p> <p><input type="checkbox"/> POSTAL OR BANK MONEY ORDER</p> <p>If you have a question, please contact our office for payment instructions.</p> <p>Email: hawcciep@hawaii.edu, Tel: 808-934-2698 Tel: 808-934-2699</p>	<p>Credit Card Payment:</p> <p>Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Diners Club <input type="checkbox"/> JCB <input type="checkbox"/> Union Pay</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>
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SUBMIT this form to:
 Intensive English Program
 Office of International Programs
 Hawai'i Community College
 1175 Manono St , Hilo, Hawai'i 96720 USA
 Fax: 808-934-2701