

Name of Applicant: _____ Male Female
As shown in your passport: Family / Last Name First Middle

Birthdate: _____ **Birthplace:** _____ **Citizenship:** _____
month/day/year Country Country Social Security No. (if any)

Term Applying: Winter Spring Summer Fall Year: _____

Intended Program of Study: Liberal Arts College Preparatory Program

English Proficiency: Native English Speaker English as a Second Language

Permanent/Home Country Address:

Street Address _____
City State, Prefecture or Providence Postal Code Country
() ()
Telephone Fax Email Address

Billing Address:

Name of Responsible Party (Sponsor): _____ Relationship _____
Street Address _____
City State, Prefecture or Providence Postal Code Country
() ()
Telephone Fax Email Address

Mailing Address: (if different from Permanent/Home Country Address)

Street Address _____
City, State Country Postal Code
()
Telephone Email Address

Visa Status: (International Students Only)

- I am **NOT** currently in the U.S. I do **NOT** have a student visa and need one to enter the U.S.
 I am currently in the U.S. I have a valid student (F-!) visa from former school(s) I attended

High School Graduated From:

_____ from _____ to _____
Name, Location Month/Year Month/Year

College/University Attended(-ing):

_____ from _____ to _____
Name, Location Month/Year Month/Year

Certification by Applicant: All of the information provided on this application form is true to the best of my knowledge.

Signature of Applicant Date

Name of Applicant**1) Source of Financial Support**

While enrolled at Hawaii Tokai International College (HTIC), my educational and living expenses will be paid for by the following sources: *(check all that apply)*

 Personal or Family Resources:

Name of Sponsor

Street Address

City

State, Province or Prefecture

Postal Code

Country

 Other Sponsor: *(institution, scholarship, or other sponsor)*

Name of Sponsor

Street Address

City

State, Province or Prefecture

Postal Code

Country

2) Certification by Sponsor

I/We will be responsible for the financial support of the applicant while she/he is enrolled at Hawaii Tokai International College. **A bank statement showing that I/we have the required funds of \$17,000.US is attached.**

Signature of Sponsor

Date

3) Certification by Applicant

The information provided is true to the best of my knowledge. I understand that a student visa is issued solely for the purpose of pursuing a full-time program of study.

Signature of Student

Date

TOKAI DORMITORY APPLICATION

**** ALL STUDENTS ARE RESPONSIBLE FOR UNDERSTANDING THE DORMITORY RULES & REGULATIONS ****

Please print clearly or type:

I AM APPLYING FOR: Winter Spring Summer Fall Year: _____

Name: _____ Male Female
Last (Family Name) First Middle

Mailing Address: _____

Postal Code

Telephone: () _____ Fax: () _____ First Language: _____

Email: _____ Date of birth: _____
Month / Day / Year

Briefly describe your lifestyle and the type of roommate you would prefer:

Please list any health concerns or special needs that the school should be aware of:

<Initial Charges>		
Application Fee	\$20.00	Nonrefundable – One time fee for first time applicants
Security Deposit	\$100.00	Refundable at end of tenure if nothing is owed
<Charges per Term>		
Dorm Fee: Regular Double	\$1,200.00	
Dorm Fee: Large Double	\$1,350.00	
Dorm Fee: Large Triple	\$1,000.00	
Fee for Purchasing College Linen:	\$65.00	Nonrefundable; Students are responsible for laundering linen.
Meal Plan Fee	\$625.00	90 meals (120 & 150 meal plans also available; meal plan fees are non refundable; lost/destroyed meal coupons must be repurchased.)
Computer Network Access/Usage Fee (Includes unlimited LAN & Internet access)	\$45.00	Students with laptop computers are required to have a Wireless PC Card. these can be purchased at the college.

- NOTE:**
- 1) Submission of this application does not guarantee a dormitory room.
 - 2) Students matriculating from Tokai Educational System affiliated high schools are required to complete a two-term residency in the dormitory.
 - 3) All residents are required to vacate the dormitory during the Winter Break. (See Academic Calendar)

Applicant's Signature: _____

Date: _____

ADMISSIONS' STATEMENT ESSAY

Name of Applicant

Please use the space below to write a summary of how you see HTIC contributing to your education and your future plans. (You may attach a separate sheet if necessary. If typed, please double-space.)

Mail all Completed Information to:

**Hawaii Tokai International College
Office of Admissions and Records
2241 Kapiolani Boulevard
Honolulu, HI 96826, USA**

STUDENT HEALTH CLEARANCE FORM

NOTE: THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

Expected term of Enrollment: Winter Spring Summer Fall Year: _____

Name: _____
Last (Family Name) First Middle

Date of Birth: ____ / ____ / ____ Gender: Female Male

Permanent Home Address: _____
Street Address

City State, Prefecture or Province Postal code Country

Home Telephone: (____) _____ Alternate Phone: (____) _____
Area Code Area Code

EMERGENCY CONTACT: Name: _____ Relationship: _____

Home Telephone: (____) _____ Alternate Telephone: (____) _____
Area Code Area Code

Medical History: Do you have any Significant Medical Conditions or Disabilities that would limit participation in Academic or Physical Activities (Please specify):

Drug or other Allergies: (Please specify): _____

Are you currently taking any prescribed medications on a regular, ongoing basis? Yes No

If YES, please identify medications: _____

My signature indicates that all information on this form is honestly represented and factually correct to the best of my knowledge:

Student Signature

Date

Authorization and consent for Treatment of Minors under the age of 18 years old: I, the parent /legal guardian of (Print Student Name) _____, certify that the responses provided are honestly represented and true to the best of my knowledge. I also hereby authorize transport and or admission to the hospital for observation, and or administration of treatment, X-Rays, injections or drugs that may be considered necessary by the Physician in attendance while the minor student is in attendance at Hawaii Tokai International College (HTIC) if the undersigned cannot be contacted.

Signature of Parent or Legal Guardian

Date