

APPLICATION FORM : STUDENT VISA STUDENT

PERSONAL INFORMATION

| | | | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------|----------------|
| Family Name | | First Name | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Country of Citizenship: | | Country of Birth: | City of Birth: |
| Birth Date: Month Day Year | Type of Visa: <input type="checkbox"/> F1 Student Visa <input type="checkbox"/> other _____ | | | |
| Do you need help processing the SEVIS fee? <input type="checkbox"/> yes <input type="checkbox"/> no | | Have you studied at ICC before? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Are you transferring from another school? <input type="checkbox"/> yes <input type="checkbox"/> no | | Last day of class (MM/DD/YY): | | School Name |

HOME ADDRESS

| | | | |
|----------------|--|-------------------|-----------------|
| Street Address | | City, Town | State, Province |
| | | Postal / Zip Code | Country |
| Phone Number | | Email Address | |

ENGLISH PROGRAM

| | | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Start date (MM/DD/YY): | English Program: <input type="checkbox"/> English for Communication (EC) <input type="checkbox"/> English for Business (EB) <input type="checkbox"/> Private Lessons | English Program: <input type="checkbox"/> Cambridge Program (FCE, CAE, CPE) <input type="checkbox"/> Group Study Tour |
| End date (MM/DD/YY): | | |
| Total Study Weeks: | | |

ACCOMMODATION (OPTIONAL)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| Choice of Accommodation: <input type="checkbox"/> Homestay <input type="checkbox"/> Ewa Suites <input type="checkbox"/> Island Colony <input type="checkbox"/> Polynesian Plaza | Accommodation Start Date (MM/DD/YY): | Accommodation End Date (MMDDYY): |
| Do you have any allergies or medical conditions? <input type="checkbox"/> If yes, please describe: | | |
| Do you have any dietary restrictions or allergies? <input type="checkbox"/> If yes, please describe: | | |
| Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no | | |

EMERGENCY CONTACT PERSON

| | | |
|------------------|---------------------|--------------|
| Family name | First name | Relationship |
| Complete address | | |
| Home phone | Work / Mobile Phone | Email |

PAYMENT INFORMATION

The Registration Fee, SEVIS Fee, and Accommodation Placement Fee are non refundable. Full payment is due 30 days before the student's first day of study. ICC accepts credit cards, PayPal, cash, U.S. checks, and wire transfers. Please make payment payable to Intercultural Communications College. The payee is responsible for all wire transfer fees.

STUDENT AGREEMENT

I certify that the information provided on this application form is correct. I have read, understood, and agree to be bound by the General Conditions of Enrollment and the Cancellation and Refund Policy. I agree that I will purchase medical insurance prior to starting any ICC program and will cover all medical expenses or reimbursements during the program. I fully understand that persons coming to the US on a student visa are expected to study full-time. I understand that if I decide not to attend ICC, I must return my I-20 form (if full-time) to the school. I have read and understand the information in this enrollment agreement, and the cancellation and refund policy. By signing this agreement, I authorize ICC to credit my account if the enrollment deposit is greater than my initial tuition and fees. I understand that ICC has the right to change policies, prices and programs without prior warning. All information on this form is true and accurate to the best of my knowledge. This contract is legal and binding.

Student's Signature: _____ Date: _____

Please email completed form to registrar@icchawaii.edu, fax to +1 (808) 946-2231, or mail to address below.