

APPLICATION: CAMBRIDGE ESOL EXAM

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: Day Month Year		How did you hear about ICC Hawaii?					

HOME ADDRESS

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

EMAIL ADDRESS

Email address (required):

CAMBRIDGE ESOL EXAMINATION

ESOL EXAMINATION: <input type="checkbox"/> First Certificate of English (FCE) <input type="checkbox"/> Certificate of Advanced English (CAE) <input type="checkbox"/> Certificate of Proficiency in English (CPE)	EXAM DATES: <input type="checkbox"/> Spring Exams (March 2016) <input type="checkbox"/> Summer Exams (June 2016) <input type="checkbox"/> Summer Computer-based Exams (August 2016) <input type="checkbox"/> Winter Exams (November/December 2016)	REGULAR APPLICATION DEADLINES: January 29, 2016 April 29, 2016 June 30, 2016 October 26, 2016
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PAYMENT INFORMATION

The exam fees are due by the "Regular Application Deadlines" listed above. Late applications will be accepted, but higher exam fees will apply. Please make payment payable to the "Intercultural Communications College". The payee is responsible for all wire transfer fees (if applicable). Exam fees are non-refundable.

REQUIREMENTS FOR EXAM

In addition to payment (paid in full prior to exam date), all examinees are required to bring their legal passports for identification verification and Confirmation of Entry (sent by ICC Hawaii) to the test site on the day of the exam.

STUDENT AGREEMENT

<p>I certify that the information provided on this application form is correct. I have read, understood, and agree to be bound by the payment and examination policies set forth by ICC Hawaii. By signing this agreement, I authorize ICC Hawaii to credit my account if the deposit paid is greater than my initial exam fees. I understand that ICC Hawaii has the right to change policies and prices without prior warning. All information on this form is true and accurate to the best of my knowledge. This contract is legal and binding.</p> <p>Student's Signature: _____ Date: _____</p>

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