

International Mid Pac College Application Form/Enrollment Agreement

Name Last/Family name	First na	me Mid	Male Female							
Date of Birth (Month/Day/Year)	1 1	E-mail								
Citizenship (e.g. Japan) Country of birth (e.g. S. Korea)										
Home Country Address										
Street address			Apartment /House Number							
•	e/State/Province	Country	Postal code							
Home Phone (Begin with country code)		Cell Phone (Begin	with country code)							
Hawaii Address										
			HI							
Street Address	Apartment/House	Number City	Zip Code							
Home Phone (Begin with area code)		Cell Phone (Begin wi	ith area code)							
Visa Status (mm/dd/yy means Month/l	Day/Year. Example: 0	1/24/15 for January 24, 2015)								
☐ I will apply for F1 Student Visa ☐ I have an F1 Student Visa. Visa expiration date (mm/dd/yy)										
☐ I am a transfer student										
			My last day is/was (mm/dd/yy)							
l <u></u>			*Submit COS approval notice with application.							
☐ I will change status in the US	from vi	sa. My visa expires on (mm.	//dd/yy) *Submit proof with application							
I don't know. I need help. Plea		,								
Program Information										
			Term Dates							
I am applying for the term (e.g. Q2-16	Summer)		Q1-21 Spring 01/06/21 - 03/26/21 Q2-21 Summer 04/05/21 - 06/25/21							
Have you ever attended IMPAC?	□No		Q3-21 Fall 07/06/21 - 09/24/21							
Yes (IEPP / IECP) From		to	Q4-21 Winter 10/04/21 - 12/24/21 Q1-22 Spring 01/03/22 - 03/25/22							
			or college in the U.S. as a F1 student?							
` _	,	•	igibility to enroll in our program.							
Financial Information If name on the			Change (
Relationship (check Emergency contact in Hawaii). 🖵 Family 0	r relative (e.g. parents, aunt)	Sponsor (e.g. university, company, scholarship)							
Linergency contact in Hawaii										
Name	Relationship	Phone	E-mail							
Emergency contact in Home Co	untry									
Name	Relationship	Phone	E-mail							
	F									

If you have dependent(s) (spouse and/or child) please submit additional information with your application for each of your dependent(s).

Passport copy (Picture page and visa page if applicable), dependent's full name, county of birth, relationship (Spouse or child).
 USE BACK OF THE FORM

PLEASE READ AND SIGN

- I understand that International Mid Pac College (IMPAC) has the right to change policies, prices and programs without prior notice.
- I certify that this application form is complete and accurate to the best of my knowledge.
- I agree to follow all IMPAC rules, terms, conditions during my enrollment at IMPAC.
- I certify that I have enough funds to support myself and my dependents (if applicable) during my enrollment at IMPAC.
- I understand and comply that failure to pay tuition in a timely manner will result in immediate dismissal from the school.

X	
Signature of Applicant	Date (mm/dd/yy)



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Fill out this section **ONLY** if you have dependent(s)

Dependent Information *Submit dependent(s) passport copy with your application									
Example									
Name (Last, First)	Smith, John	Relationship	Spouse / Child	Country of Birth	U.S.A.	Citizenship	U.S.A.		
Name (Last, First)		Relationship	Spouse / Child	Country of Birth		Citizenship			
Name (Last, First)		Relationship	Spouse / Child	Country of Birth		Citizenship			
Name (Last, First)		Relationship	Spouse / Child	Country of Birth		Citizenship			
Name (Last, First)		Relationship	Spouse / Child	Country of Birth		Citizenship			