

International Mid Pac College Application Form/Enrollment Agreement

Name Last/Family name	First name	Mid	Male 🖵 Female							
Date of Birth (Month/Day/Year)	1	E-mail								
Citizenship (e.g. Japan) Country of birth (e.g. S. Korea)										
Home Country Address										
Street address			Apartment /House Number							
City Prefecture/State/Pro	vince	Country	Postal code							
Home Phone (Begin with country code)		Cell Phone (Begin v	with country code)							
Hawaii Address										
			HI							
Street Address	Apartment/House Number	City	Zip Code							
Home Phone (Begin with area code)		Cell Phone (Begin wit	th area code)							
Visa Status (mm/dd/yy means Month/Day/Yea	. Example: 01/24/15 fc	or 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 Name of school			My last day is/was (mm/dd/yy)							
☐ I changed my status*. I changed from	n Approv	/ed on (mm/dd/yy)	*Submit COS approval notice with application.							
I will change status in the US. from	visa. My	visa expires on (mm/	dd/yy) *Submit proof with application							
I don't know. I need help. Please co	ntact me.									
Program Information										
I am applying for the term (e.g. Q2-16 Summer)			Term Dates Q1-24 Winter 12/04/23 - 02/23/24							
Have you ever attended IMPAC? No			Q2-24 Spring 03/04/24 - 05/24/24 Q3-24 Summer 06/03/24 - 08/23/24							
Yes (IEPP / IECP) From	to _		Q4-24 Fall 09/03/24 - 11/22/24							
Have you ever attended or are you curre			or college in the U.S. as a F1 student?							
		-	igibility to enroll in our program.							
		-								
Financial Information If name on the financ Relationship (check ☑):		e (e.g. parents, aunt)	Sponsor (e.g. university, company, scholarship)							
Emergency contact in Hawaii	= 1 dilling of folding	c (o.g. parento, aunt)	= = = = = = = = = = = = = = = = = = =							
		D.								
Name Relation	snip	Phone	E-mail							
Emergency contact in Home Country										
Name Relation		Phone	E-mail							

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 Relation	onship Spouse) / Child	Country of Birth	U.S.A.	Citizenship	U.S.A.		
Name (Last, First)	Relatio	nship Spouse	/ Child	Country of Birth		Citizenship			
Name (Last, First)	Relatio	nship Spouse	/ Child	Country of Birth		Citizenship			
Name (Last, First)	Relatio	nship Spouse	/ Child	Country of Birth		Citizenship			
Name (Last, First)	Relatio	nship Spouse	/ Child	Country of Birth		Citizenship			