



International Mid Pac College

Application Form/Enrollment Agreement

| | | | | |
|--|---------------------------------|---|-------------------------------|---------------------------------|
| Name _____ <small>Last/Family name First name Middle</small> | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Date of Birth (Month/Day/Year) / / | | E-mail _____ | | |
| Citizenship (e.g. Japan) | | Country of birth (e.g. S. Korea) | | |
| Home Country Address | | | | |
| Street address _____ | | | Apartment /House Number _____ | |
| City _____ | Prefecture/State/Province _____ | Country _____ | Postal code _____ | |
| Home Phone (Begin with country code) | | Cell Phone (Begin with country code) | | |
| Hawaii Address | | | | |
| Street Address _____ | | | HI | Zip Code _____ |
| Home Phone (Begin with area code) | | Cell Phone (Begin with area code) | | |
| Visa Status (mm/dd/yy means Month/Day/Year. Example: 01/24/25 for January 24, 2025) | | | | |
| <input type="checkbox"/> I will apply for F1 Student Visa <input type="checkbox"/> I have an F1 Student Visa. Visa expiration date (mm/dd/yy) _____ | | | | |
| <input type="checkbox"/> I am a transfer student Name of school _____ My last day is/was (mm/dd/yy) _____ | | | | |
| <input type="checkbox"/> I changed my status*. I changed from _____ Approved on (mm/dd/yy) _____ *Submit COS approval notice with application. | | | | |
| <input type="checkbox"/> I will change status in the US. from _____ visa. My visa expires on (mm/dd/yy) _____ *Submit proof with application | | | | |
| <input type="checkbox"/> I don't know. I need help. Please contact me. | | | | |
| Program Information | | | | |
| I am applying for the term (e.g. Q2-16 Summer) _____ | | | | |
| Have you ever attended IMPAC? <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes (IEPP / IECP) From _____ (mm/yyyy) to _____ (mm/yyyy) | | | | |
| Have you ever attended or are you currently taking any courses at university or college in the U.S. as a F1 student? | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, STOP HERE. Please contact Admissions Office for your eligibility to enroll in our program. | | | | |
| Financial Information If name on the financial statement is not applicant | | | | |
| Relationship (check <input checked="" type="checkbox"/>): <input type="checkbox"/> Family or relative (e.g. parents, aunt) <input type="checkbox"/> Sponsor (e.g. university, company, scholarship) | | | | |
| Emergency contact in Hawaii | | | | |
| Name _____ | Relationship _____ | Phone _____ | E-mail _____ | |
| Emergency contact in Home Country | | | | |
| Name _____ | Relationship _____ | 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 | 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 | |