



International Mid Pac College

Application Form/Enrollment Agreement

Name _____ Last/Family name First name Middle			☐ Male	☐ 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		Apartment/House Number	City	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)				
☐ 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 _____ Approved 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 contact me.				
Program Information				
I am applying for the term (e.g. Q2-16 Summer) _____				
Have you ever attended IMPAC? ☐ No				
☐ 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?				
☐ No ☐ 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 ☒): ☐ Family or relative (e.g. parents, aunt) ☐ 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	