



# International Mid Pac College Application Form/Enrollment Agreement

<b>Name</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last/Family name	First name	Middle	
<b>Date of Birth</b> (Month/Day/Year)	/	/	<b>Age</b>
<b>Citizenship</b> (e.g. Japan)		<b>Country of birth</b> (e.g. S. Korea)	
<b>Home Country Address</b>			
Street address		Apartment /House number	
City	Prefecture/State/Province	Country	Postal code
<b>Home Phone</b> (Begin with country code)		<b>Cell Phone</b> (Begin with country code)	
<b>Hawaii Address</b>			
Street Address		HI	
Apartment/House Number		City	Zip Code
<b>Home Phone</b> (Begin with area code)		<b>Cell Phone</b> (Begin with area code)	
<b>Visa Status</b>			
<input type="checkbox"/>	I am a visitor on a Tourist Visa/ Visa Waiver Program (max. 90 days)	less than 18 hrs	
<input type="checkbox"/>	I am an F1 student or another non-immigrant visa holder (e.g. E2, J1, R1)	up to 18 hrs	
<input type="checkbox"/>	I am a U.S. citizen or a resident	up to 18 hrs	
<input type="checkbox"/>	I don't know. I need help.		
<b>Program Info</b>			
<input type="checkbox"/>	I want to enroll in IECP	from _____	to _____
	<b>Option</b> _____	for _____	week(s)
<input type="checkbox"/>	I want to enroll for a private lesson	from _____	to _____
<input type="checkbox"/>	I am in a special program	from _____	to _____
		Month/Day/Year	Month/Day/Year
<input type="checkbox"/>	I don't know. I need help.		
<b>Have you ever attended IMPAC?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes ( IEPP / IECP )			
If yes, when? From _____ to _____			
		(mm/yyyy)	(mm/yyyy)
<b>IECP Course Options*</b> <b>15 hours per week (Mon-Fri) ( ) are hours of class per week</b> Option A= Listening &Speaking(6) + Grammar(6) + Reading & Writing(3) Option B= Listening &Speaking(6) + Grammar(6) + Vocabulary(3) <b>9 hours per week(Mon-Fri)</b> Option C= Listening &Speaking (6) + Reading & Writing (3) Option D= Listening &Speaking (6) + Vocabulary (3)  *Non-visitors can take 18 hour/week at 15 hour/week tuition rate			
<b>Emergency contact in Hawaii</b>			
Name	Relationship	Phone	E-mail
<b>Emergency contact in Home Country</b>			
Name	Relationship	Phone	E-mail

### 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.

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

X \_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under 18) Date (mm/dd/yy)