

APPLICATION FOR ADMISSION (U.S. Citizen or Permanent Resident)

| | st Name First | Middle Gender: | | | |
|--|---|----------------------------|--------------------------|--|--|
| Date of Birth: Month/day/yea | | | | | |
| Birthplace:Country | | | | | |
| <i>Ethnicity:</i> ☐ Race & Ethnicity ☐ Black or African American | | y race 🛛 American Indian d | or Alaska Native 🛛 Asian | | |
| Term Applying: | □ Fall □ Winter | Spring Summer | Year: | | |
| Intended Program of Study: | Liberal Arts Program | College Preparatory Prog | ram | | |
| English Proficiency: | Native English Speaker | English as a Second Lan | guage | | |
| Permanent Address: | | | | | |
| Street Address | | | | | |
| City | State/Prefecture/Province | Postal Code | Country | | |
| () Telephone | Email | | | | |
| Billing Address: | | | | | |
| Name of Responsible Party (| Sponsor) | Relationship: | | | |
| Street Address | | | | | |
| | | | | | |
| City | State/Prefecture/Province | Postal Code | Country | | |
| Telephone | Email | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| Mailing Address: (if different fro | m PermanentAddress) | | | | |
| Mailing Address: (if different fro | m PermanentAddress) | | | | |
| Mailing Address: (if different fro Street Address City | m PermanentAddress) State/Prefecture/Province | Postal Code | Country | | |
| Street Address | · · · · · · · · · · · · · · · · · · · | Postal Code | Country | | |
| Street Address City () Telephone | State/Prefecture/Province Email | Postal Code | Country | | |
| Street Address City (| State/Prefecture/Province Email | Postal Code | | | |
| Street Address City (| State/Prefecture/Province Email | | Country to to | | |
| Street Address City () Telephone High School Graduated From | State/Prefecture/Province Email | | | | |

ertification by Applicant: All of the information provided on this application form is true to the best of my knowledge.

| Signature of Applicant | |
|------------------------|--|
|------------------------|--|

Date

Question: How did you hear about Hawaii Tokai International College?



Name of Applicant

Please use this page for your Admissions Essay (attach an additional page if needed), or use this page as a cover sheet if you write your essay on a separate page (or pages).

Please submit a 250-500 word, double-spaced, typed essay that tells the Admissions Board about who you are, what interests you and how the Hawaii Tokai International College (HTIC) Associate of Arts in Liberal Arts program will help you reach your goals.



Name of Applicant

In an effort to better get to know our applicants, HTIC has partnered with ZeeMee, a free online service that helps students bring their application to life. If you have a story to tell, we want to see it! Simply copy and paste your link below, or email your link to <u>admissions@tokai.edu</u>. Learn more and sign up at <u>ZeeMee.com</u>. Please note, submitting a ZeeMee profile is completely optional.

If you have a ZeeMee profile, indicate your link here:



STUDENT HEALTH CLEARANCE FORM

INFORMATION WILL BE HELD IN STRICT CONFIDENCE

| Expected term of Enrollment: | Fall D Winter | Spring Summ | er Year: |
|--|--|---|---|
| Name: | | | |
| Name: Family / Last Name | First | | Middle |
| Date of Birth: | | Gender: | I Female |
| Permanent Home Address: | | | |
| Street | Address | | |
| City State/F | Prefecture/Province | Postal Code | Country |
| Home Telephone: () | Alte | rnate Phone: () | |
| EMERGENCY CONTACT: Name: _ | | Relationship | |
| Home Telephone: () | Alte | ernate Phone: () | |
| ★ Please also attach a letter signed 2) Do you have any allergies? | | | nent/medication history. |
| 3) Are you currently taking any p please specify): | rescribed medications | on an ongoing basis? | □ Yes □ No (If Yes, |
| My signature indicates that all information | n on this form is honestly re | presented and factually corre | ct to the best of my knowledge |
| Student Signature | | | Date |
| Authorization and Consent for T of (Print Student Name) honestly represented and true to t the hospital for observation and/or necessary by the physician in att | he best of my knowledge. r administration of treatmer | , certify that th I also hereby authorize tran at, X-rays, injections or drug | e responses provided are hsport and/or admission to gs that may be considered |

Signature of Parent or Legal Guardian

College (HTIC), if the undersigned cannot be contacted.

Date



HTIC ON-CAMPUS HOUSING APPLICATION

ALL STUDENTS ARE RESPONSIBLE FOR UNDERSTANDING THE HOUSING RULES & REGULATIONS

| Please print clearly or ty | pe: | | | | | |
|--|--|---|--------------------------------|----------------------|----------------|--------|
| I AM APPLYING FOR: | 🗖 Fall | Winter | Spring | □ Summer | Year: | |
| Name: | | | | | Male | Female |
| Family / Last Name | | First | | Middle | | |
| Mailing Address: | | | | | | |
| City | | State | /Prefecture/Province | Postal Code | Country | |
| Email: | | | | Telephone: () | | |
| First Language: | | | | Date of Birth: | Month/day/year | |
| Room Preference (chec Double room Quadruple roo Communal bath Choose Meal Plan (che \$800 per tern \$900 per tern \$1,000 per tern Briefly describe your l | (\$2,200 per om (\$1,900 hrooms ck one; requ n (\$80/weel n rm | <i>per term</i> + <i>me</i> uired for on-car k) | als) npus residents | | | |
| | | | | | | |
| Please list any health | concerns o | r special needs | s of which the | school should be awa | are: | |
| | | | | | | |
| | | | | | | |
| NOTE: 1) Submission of this | application d | oes not guarantee | housing or housir | ng preference. | | |

All residents are required to vacate the residence hall during the Winter Break. (See Academic Calendar) 3)

5) All fees are subject to change without prior notice.

Non-native English speakers are normally required to complete a two-term residency in on-campus housing. 2)

Application fee of \$20, refundable security deposit of \$100, and linen charge of \$75 will apply in addition to the cost of housing. 4)

APPLICATION PACKET CHECKLIST



PLEASE USE THIS CHECKLIST TO ENSURE YOUR APPLICATION PACKET IS COMPLETE. SUBMIT COMPLETED APPLICATION MATERIALS TO:

Hawaii Tokai International College Office of Student Services 91-971 Farrington Hwy Kapolei, HI 96707

Tel: 808-983-4202 Fax: 808-983-4173 Email: <u>admissions@tokai.edu</u>

- □ Application Form
- □ Admissions Essay
- □ Official transcripts from high school and/or all postsecondary institutions attended
- □ Student Health Clearance Form
- □ \$50 Application Fee
- □ Housing Application (if applicable)
- □ \$20 Housing Application Fee (if applicable)
- □ Letter of recommendation (optional)
- □ ZeeMee profile (optional)