

Name of Applicant: _____
(As shown in passport) Family / Last Name First Middle

Date of Birth: _____
Month/day/year

性別
Gender: Male Female

Birthplace: _____
Country

Citizenship: _____
Country or Countries

Term Applying: Fall Winter Spring Summer Year: _____

Intended Program of Study: Liberal Arts Program College Preparatory Program

English Proficiency: Native English Speaker English as a Second Language

Permanent Address:

Street Address _____

City _____ Prefecture/Province/State _____ Postal Code _____ Country _____

(_____) _____
Telephone _____ Email _____

Billing Address:

Relationship: _____
Name of Responsible Party (Sponsor) _____

Street Address _____

City _____ Prefecture/Province/State _____ Postal Code _____ Country _____

(_____) _____
Telephone _____ Email _____

Mailing Address: (if different from Permanent Address)

Street Address _____

City _____ Prefecture/Province/State _____ Postal Code _____ Country _____

(_____) _____
Telephone _____ Email _____

現在の状況（ビザ申請に向けて） 通常は下記2つです。

Visa Status: I am **NOT** currently in the U.S. I do **NOT** have a student visa and need one to enter the U.S.
 I am currently in the U.S. I have a valid student (F-1) visa from former school(s) I attended.

High School Graduated From:

Name, Location _____ from _____ to _____
Month/Year Month/Year

College/University Attended:

Name, Location _____ from _____ to _____
Month/Year Month/Year

Certification 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? ハワイ東海大学はどのように知りましたか？

Name of Applicant

1) Source of Financial Support 経済的保証について

While enrolled at Hawaii Tokai International College (HTIC), my educational and living expenses will be paid for by the following sources: *(check all that apply)*

該当するほうにチェック

Personal or Family Resources: 経済的保証人が本人または家族の場合

Name of Sponsor

Street Address

City, Prefecture/Province/State, Postal Code

Country

Other Sponsor: *(institution, scholarship, or other sponsor)* 奨学金または経済的保証人が本人・家族以外の場合

Name of Sponsor

Street Address

City, Prefecture/Province/State, Postal Code

Country

2) Certification by Sponsor

I/We will be responsible for the financial support of the applicant while the student is enrolled at Hawaii Tokai International College.

*** A bank statement showing that I/we have the required funds of USD \$23,985.00 is attached.**

必要保証額US \$ 23,985以上の銀行残高証明書（ドル建て）を添付してください。

Signature of Sponsor

Date

3) Certification by Applicant

The information provided is true to the best of my knowledge. I understand that a student visa is issued solely for the purpose of pursuing a full-time program of study.

Signature of Student

Date

INFORMATION WILL BE HELD IN STRICT CONFIDENCEExpected term of Enrollment: Fall Winter Spring Summer Year: _____Name: _____
Family / Last Name First MiddleDate of Birth: _____ Gender: Male Female
Month/day/year 男 女Permanent Home Address: _____
Street Address

City State/Prefecture/Province Postal Code Country

Home Telephone: (_____) Alternate Phone: (_____) _____

EMERGENCY CONTACT: Name: _____ Relationship: _____

Home Telephone: (_____) Alternate Phone: (_____) _____

学校・寮生活において、日常的な活動に影響する可能性がある身体的・精神的な症状がありますか？

1) Do you have any significant medical/mental health conditions or disabilities that might limit participation in academic or physical activities? Yes No (If Yes, please specify): 有り・無し/あれば下記へ記入★ Please also attach a letter signed by your physician that states diagnoses and treatment/medication history.
ある場合は医師の診断書(治療・投薬歴を含む)を提出ください。2) アレルギー(薬品名、食品名などを具体的に) Do you have any allergies? Yes No (If Yes, please specify): 有り・無し/あれば下記へ記入3) 現在処方され服用中の薬 Are you currently taking any prescribed medications on an ongoing basis? Yes No (If Yes, please specify): 有り・無し/あれば下記へ記入

My signature indicates that all information on this form is honestly represented and factually correct to the best of my knowledge:

Student Signature

Date

Authorization and Consent for Treatment of Minors under the age of 18 years old: I, the parent /legal guardian of (Print Student Name) _____, certify that the responses provided are honestly represented and true to the best of my knowledge. I also hereby authorize transport and/or admission to the hospital for observation and/or administration of treatment, X-rays, injections or drugs that may be considered necessary by the physician in attendance while the minor student is in attendance at Hawaii Tokai International College (HTIC), if the undersigned cannot be contacted.

Signature of Parent or Legal Guardian

Date

INTERNATIONAL APPLICATION PACKET CHECKLIST

PLEASE USE THIS CHECKLIST TO ENSURE YOUR APPLICATION PACKET IS COMPLETE.
INCOMPLETE APPLICATION PACKETS WILL NOT BE REVIEWED FOR ADMISSION.

- Application Form 入学申請書
- Supplemental Application (Financial Support Statement) 経費支弁証明書
- Official bank statement verifying availability of funds 銀行残高証明書 (ドル建て)
- Housing Application 入寮申請書
- Student Health Clearance Form 健康調査書
- Copy of Passport パスポートのコピー