

APPLICATION FOR ADMISSION (International Student)

Name of Applicant: (As shown in passport) Family / Last	Name	First		M	iddle		
		Gender:	☐ Male	☐ Fema	ale		
Date of Birth: Month/day/year	_	Gondon.	_ wate	B 1 0	210		
Birthplace:Country	Citizenship:Country or Countries						
·		□ \\/intor	Corina				
Term Applying:		☐ Winter	☐ Spring	☐ Sum		Year:	
Intended Program of Study:	☐ Liberal A	rts Program	☐ College F	Preparato	ry Progra	m	
English Proficiency:	□ Native Er	nglish Speake	r 🗖 English a	as a Seco	nd Langu	age	
Permanent Address:							
Street Address							
City	Prefectu	re/Province/State		Postal C	Code		Country
Telephone	Email						
Billing Address:							
Name of Responsible Party (S	oonsor)			Relation	nship:		
	,						
Street Address							
City	Prefectur	re/Province/State		Postal C	Code		Country
(<u>)</u> Telephone	Email						
Mailing Address: (if different from		ddress)					
-		,					
Street Address							
City	Prefectur	re/Province/State		Postal C	Code		Country
(<u>)</u> Telephone	Email						
Vice Status	المطامين سفام الم		OT hove a stre	ا معلى المعال			otantha II C
Visa Status: ☐ I am NOT curre ☐ I am currently i	-		OT have a studen				ool(s) I attended.
•	11 1110 0.0.	Billave	a valia staacii	t (i 1) vise	1 110111 10111	101 30110	ooi(3) i atteriaca.
High School Graduated From:							
Name, Location			fror	n Month/`	Year	_ to	Month/Year
College/University Attended:							
			fror	m		to	
Name, Location				m Month/`	Year		Month/Year
Certification by Applicant: All of	the informatio	n provided on t	his application	form is tru	e to the be	est of m	y knowledge.
Signature of Applicant			Date				

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



1)

2)

3)

SUPPLEMENTAL APPLICATION Financial Support Statement

	Name of Applicant
Source of Financial Support	
While enrolled at Hawaii Tokai International College (paid for by the following sources: (check all that apple	. , .
□Personal or Family Resources:	
Name of Sponsor	
Street Address	
City, Prefecture/Province/State, Postal Code	Country
□Other Sponsor: (institution, scholarship, or othersp	ponsor)
Name of Sponsor	
Street Address	
City, Prefecture/Province/State, Postal Code	Country
Certification by Sponsor I/We will be responsible for the financial support of th Tokai International College. * A bank statement showing that I/we have the rec	
Signature of Sponsor	Date
Certification by Applicant The information provided is true to the best of myknorissued solely for the purpose of pursuing a full-time process.	
Signature of Student	Date





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.



STUDENT HEALTH CLEARANCE FORM

INFORMATION WILL BE HELD IN STRICT CONFIDENCE

Expected term of Enrollment:	☐ Fall	□ Winter	□ Spring	☐ Summer	Year:	
Name:						
Name: Family / Last Name		First			Middle	
Date of Birth:Month/day/year			Gender:	☐ Male ☐ F	emale	
Month/day/year						
Permanent Home Address:						
Str	eet Address	5				
	ate/Prefectur	re/Province		Postal Code	Country	
Home Telephone: ()			Ilternate Phone		•	
riome relephone. <u>(</u>			illerriate i rione	. (
EMERGENCY CONTACT: Name):			Relationship:		
Home Telephone: ()		A	Alternate Phone	: ()		
Do you have any significant participation in academic or ph					•	
★ Please also attach a letter signPlease a			_		nt/medication history.	
Are you currently taking an please specify):	y prescrib	ed medication	ns on an ongo	oing basis? 🗆	Yes □ No (If Yes,	
My signature indicates that all informa	ation on this	form is honestly	represented and	d factually correct	to the best of my knowledg	
Student Signature				Da	ate	
of (Print Student Name)honestly represented and true the hospital for observation and/o	to the best of administration attendance	ent of Minors under the age of 18 years old: I, the parent /legal guardian , certify that the responses provided are tof my knowledge. I also hereby authorize transport and/or admission to the stration of treatment, X-rays, injections or drugs that may be considered nee while the minor student is in attendance at Hawaii Tokai International of the contacted.				
Signature of Parent or Legal G	uardian				Pate	



HTIC ON-CAMPUS HOUSING APPLICATION

ALL STUDENTS ARE RESPONSIBLE FOR UNDERSTANDING THE HOUSING RULES & REGULATIONS

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 (check	k one):						
☐ Double room (\$2,200 per	term + meals)	1				
Quadruple roo	m (\$1,900)	per term + me	als)				
- Communal bath	rooms						
Choose Meal Plan (ched	k one; requ	uired for on-can	npus residents)	:			
☐ \$800 per term	•		,				
□ \$900 per term	· 1	•					
□ \$1,000 per ter	m						
Briefly describe your li	ifestyle and	I the type of ro	ommate you w	ould prefer:			
Please list any health o	concerns o	r special needs	s of which the s	school should be awa	are:		
NOTE:							
 Submission of this Non-native English All residents are re 	speakers are quired to vaca \$20, refundabl	e normally required ate the residence I e security deposit	d to complete a two hall during the Wir of \$100, and liner	g preference. o-term residency in on-can ter Break. (See Academic charge of \$75 will apply i	Calendar)		
Applicant's Signature: _				Date:			



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: admissions@tokai.edu

Application Form
Supplemental Application (Financial Support Statement)
Official bank statement verifying availability of funds
Admissions Essay
Official transcripts from high school and/or all postsecondary institutions attended
Certificate of High School Graduation
Student Health Clearance Form
Copy of Passport
\$100 Application Fee
Housing Application (if applicable)
\$20 Housing Application Fee (if applicable)
Letter of recommendation (optional)