

**Name of Applicant:** \_\_\_\_\_  
(As shown in passport) Family / Last Name First Middle

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female  
Month/day/year

**Birthplace:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_  
Country 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

**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?**

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**Name of Applicant****1) Source of Financial Support**

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)*

Personal or Family Resources:

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Name of Sponsor

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Street Address

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City, Prefecture/Province/State, Postal Code

Country

Other Sponsor: *(institution, scholarship, or other sponsor)*

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Name of Sponsor

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Street Address

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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 \$23,685.00 is attached.**

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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.

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Signature of Student

Date



**\*\*INFORMATION WILL BE HELD IN STRICT CONFIDENCE\*\***

**Expected term of Enrollment:**  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Family / Last Name First Middle

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female  
Month/day/year

**Permanent Home Address:** \_\_\_\_\_  
Street Address

City State/Prefecture/Province Postal Code Country

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**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):

★ Please also attach a letter signed by your physician that states diagnoses and treatment/medication history.

**2) Do you have any allergies?**  Yes  No (If Yes, please specify):

**3) Are you currently taking any prescribed medications on an ongoing basis?**  Yes  No (If Yes, please specify):

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
- Supplemental Application (Financial Support Statement)
- Official bank statement verifying availability of funds
- Housing Application (if applicable)
- Student Health Clearance Form
- Copy of Passport