



INTERCULTURAL COMMUNICATIONS COLLEGE REGISTRATION FORM

www.ICCHAWAII.EDU 1601 Kapiolani Blvd. Suite 1000, Honolulu, Hawaii 96814 USA

A. PERSONAL INFORMATION

*REQUIRED

*Name		Family	First	Middle
*Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	*Type of visa you will study on	*Country of citizenship
*Birth date		month	day	year
*Have you previously studied at ICC?		<input type="checkbox"/> yes	<input type="checkbox"/> no	*Country of origin
*Do you need Express Mailing of I-20?		<input type="checkbox"/> yes	<input type="checkbox"/> no	There will be an additional charge for this service.
*Do you need help processing the SEVIS fee?		<input type="checkbox"/> yes	<input type="checkbox"/> no	If YES, please provide credit card information on pg 2
*Are you transferring from another school?		<input type="checkbox"/> yes	<input type="checkbox"/> no	last day of class (mo/day/yr)
*Are you registering through an authorized ICC agent?		<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, which one?
How did you hear about ICC?		School Name		
		Location		

B. HOME COUNTRY ADDRESS

*Street address		*City, town	*State, province
		*Postal/zip code	*Country
*Phone number (including country & area codes)	*Email address	Fax number	

C. ENGLISH PROGRAM

*Start date: _____	End date: _____	*Total Study: _____ weeks	<input type="checkbox"/> 16 hours/week - Semi-Intensive Course
<input type="checkbox"/> Extended Stay Program (<input type="checkbox"/> One Time Payment <input type="checkbox"/> Semester Payment)			<input type="checkbox"/> 20 hours/week - Intensive Course
<input type="checkbox"/> English for Communication (EC)	<input type="checkbox"/> Cambridge 12 wk Program (FCE, CAE)	<input type="checkbox"/> TOEFL 1	<input type="checkbox"/> Private Lessons
<input type="checkbox"/> English for Business (EB)	<input type="checkbox"/> Cambridge 9 wk Winter Intensive Program (FCE)	<input type="checkbox"/> TOEFL 2	<input type="checkbox"/> CELTA (additional registration form required)
<input type="checkbox"/> Internship Program (with EB/EC) (additional registration form required)	<input type="checkbox"/> Cambridge Tutorial Option (FCE or CAE)	<input type="checkbox"/> College Studies Program	<input type="checkbox"/> CALL (Computerized English study)
<input type="checkbox"/> TOEIC Examination Preparation		<input type="checkbox"/> Certificate in American Studies	
*Current level of English			
<input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced			

D. ACCOMMODATION (if 2 choices are desired, please indicate 1st and 2nd)

*Choice of accommodation	<input type="checkbox"/> homestay	<input type="checkbox"/> apartment	*Accommodation start date	*Accommodation end date
	<input type="checkbox"/> dormitory	<input type="checkbox"/> no accommodations		
*Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no (NOTE: If yes, you may smoke outside only.)				
*Do you have any allergies or medical conditions? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe.				
*Do you have any special dietary requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe.				
Do you have any hobbies or particular interests? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe.				
*Can you live with pets? <input type="checkbox"/> yes/no preference <input type="checkbox"/> dogs only <input type="checkbox"/> cats only <input type="checkbox"/> no				
*Can you live in a family with children? <input type="checkbox"/> yes, any age <input type="checkbox"/> not under 5 years old <input type="checkbox"/> no				

E. AIRPORT TRANSFER (ARRIVAL TRANSFER INCLUDED WITH ALL ACCOMMODATION BOOKINGS)

*Do you need airport pickup? <input type="checkbox"/> yes <input type="checkbox"/> no	*Do you need airport drop off? <input type="checkbox"/> yes <input type="checkbox"/> no
---	---

F. HAWAII ADDRESS

*Street address	*City, town	*Phone number
	*Postal/zip code	*Email

G. NEXT OF KIN/EMERGENCY CONTACT PERSON

*Family name	*First name	Relationship
*Complete address		
*Home phone	*Work/mobile phone	Email

H. MEDICAL INSURANCE

*I agree that I will purchase medical insurance prior to starting any ICC program and will cover all medical expenses or reimbursements during the program (type or write "yes") _____

I. PAYMENT INFORMATION

*How will you pay? <input type="checkbox"/> credit card <input type="checkbox"/> wire transfer <input type="checkbox"/> bank draft/certified check <input type="checkbox"/> other _____	
<p>Please include with your application:</p> <ul style="list-style-type: none"> • \$125 deposit to cover payment of registration fee. • \$200 deposit to cover accommodation placement fee (if accommodation requested) • Current Bank Statement (for F-1 students only) to show proof that you have sufficient funds to stay in the USA. The financial statement must be in English and include your name or your parent's name, account number, account balance (minimum \$2,000 per term), signature of bank official, and date of statement. 	<p>Credit Card # _____</p> <p>Name on credit card _____</p> <p>Expiration date (month/year) _____ Security code _____</p> <p>A 4% transaction fee will be added to ALL credit card payments. Please make checks payable to ICC-Hawaii. Information For Wire Transfers: If you want to make a bank transfer payment, please contact us for the routing number and SWIFT code.</p>

J. CONDITIONS OF ENROLLMENT AND REFUND POLICY

*I have read and agree to be bound by the General Conditions of Enrollment and the Cancellation and Refund Policy. (type or write "yes") _____	*I confirm that my deposit of \$125 (registration fee) and \$200 (accommodation placement fee, if applicable) will be made to confirm my registration (a 4% bank service fee will be added for payment by credit card; type or write "yes") _____
--	---

K. STUDENT AGREEMENT

I certify that the information provided on this application form is correct. I fully understand that persons coming to the US on a student visa are expected to study full-time. I understand that if I decide not to attend ICC, I must return my I-20 form (if full-time) to the school to get a full refund. I have read and understand the information in this enrollment agreement, and the cancellation and refund policy. By signing this agreement, I authorize ICC to credit my account if the enrollment deposit is greater than my initial tuition and fees. I understand that ICC has the right to change policies, prices and programs without prior warning. All information on this form is true and accurate to the best of my knowledge. This contract is legal and binding.

Student's signature _____	Date _____
Authorized ICC agent's signature _____	Date _____

HOW TO SUBMIT YOUR APPLICATION

1. Complete this application form.
2. Mail, e-mail, fax, or deliver your application and deposit
mail or deliver to: 1601 Kapiolani Blvd. Suite 1000, Honolulu, Hawaii 96814 USA
fax to: 1-808-946-2231
email to: registrar@icchawaii.edu