



INTERCULTURAL COMMUNICATIONS COLLEGE REGISTRATION FORM

1601 Kapiolani Boulevard, Suite 1000, Honolulu, Hawaii 96814, USA

Email: registrar@icchwaii.edu Website: www.icchwaii.edu

Phone: (808) 946 2445, Fax: (808) 946 2231

A. PERSONAL INFORMATION

*REQUIRED

*Name	Family	First	Middle
*Gender <input type="checkbox"/> male <input type="checkbox"/> female	*Type of visa you will study on <input type="checkbox"/> Visa Waiver <input type="checkbox"/> B2 Visitor Visa <input type="checkbox"/> F1 Student Visa <input type="checkbox"/> I am a US citizen. <input type="checkbox"/> other _____		*Country of citizenship *Country of birth *City of birth
*Birth date month day year			
*Have you previously studied at ICC? <input type="checkbox"/> yes <input type="checkbox"/> no			
* 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 page 2			
*Are you transferring from another school? <input type="checkbox"/> yes <input type="checkbox"/> no last day of class (mo/day/yr)			School Name
*Are you registering through an authorized ICC agent? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which one?			Location
How did you hear about ICC?			

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"/> 25 hours/week - Super-Intensive Course
<input type="checkbox"/> English for Communication (EC)	<input type="checkbox"/> Cambridge 12 wk Program (FCE, CAE)	<input type="checkbox"/> TOEFL
<input type="checkbox"/> English for Business (EB)	<input type="checkbox"/> Cambridge 9 wk Winter Intensive Program (FCE)	<input type="checkbox"/> College Studies Program
<input type="checkbox"/> Internship Program (with EB or EC, additional registration form required)		<input type="checkbox"/> Private Lessons
		<input type="checkbox"/> CALL (Computerized English study)
		<input type="checkbox"/> CELTA (additional form required)
*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) no accommodations

<input type="checkbox"/> homestay <input type="checkbox"/> economy apartment		
<input type="checkbox"/> residence <input type="checkbox"/> economy plus apartment		
*Choice of accommodation <input type="checkbox"/> hotel <input type="checkbox"/> premium apartment	*Accommodation start date	*Accommodation end date
*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.		
What are your hobbies and/or interests?		
*Can you live with pets? <input type="checkbox"/> yes <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 (ROUND TRIP TRANSFER INCLUDED FREE WITH ALL ACCOMMODATION BOOKINGS)

*Do you want airport pickup? <input type="checkbox"/> yes <input type="checkbox"/> no	*Do you want airport drop off? <input type="checkbox"/> yes <input type="checkbox"/> no
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F. HAWAII ADDRESS (IF YOU ARE ALREADY IN HAWAII OR KNOW WHERE YOU WILL STAY)

*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. ABOUT YOU

Why are you studying at ICC?

Use English for work Use English for personal enjoyment

Transfer to a U.S. university Transfer to a U.S. vocational school Transfer to a U.S. community college

Other: _____

After ICC I will:

Return to my home country Continue to live in the United States Travel to another country (_____)

Is there anything that you would like us to know?

I. 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") _____

J PAYMENT INFORMATION

*How will you pay? credit card wire transfer bank draft/certified check other _____

<p>Please include with your application:</p> <ul style="list-style-type: none">• \$150 deposit to cover payment of registration fee.• \$250 deposit to cover accommodation placement fee (if accommodation requested) <p>Make checks payable to "ICC", contact us for details if you want to pay by bank transfer.</p>	<p>Credit Card # _____</p> <p>Name on credit card _____</p> <p>Expiration date (month/year) ____ / ____</p> <p>Security code (3 number code from back of card) ___ __ __</p>
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K. 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 \$150 (registration fee) and \$250 (accommodation placement fee, if applicable) will be made to confirm my registration (type or write "yes") _____
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L. 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@icchwaii.edu