

TEN-WEEK NICE APPLICATION



UNIVERSITY
of HAWAII
MĀNOA

Outreach College
**New Intensive
Courses in English**

Please fill in the following information completely and clearly.

Name—Last (Family)	First (Given)	Middle	Gender: Male	Female
Permanent Mailing Address (in home country)			Birth Date: _____/_____/_____	MONTH DATE YEAR
City	Province/Territory	Country	Postal Code	
Current Telephone	Fax Number	Email Address		
Hawai'i Mailing Address (if known)		City	Zip Code	
Hawai'i Telephone		Fax Number		
Highest Education	Name of School	Graduation Date		
Country of Birth		Country of Citizenship		

Attach your 2"x 2"
photograph here

STUDY PLANS

1. When do you plan to study at NICE?

Term number(s) _____

Dates _____

2. What is the main reason you want to learn English?
(Check one)

For school (academic purposes)

For work (career, professional purposes)

Other (travel, general communication, etc.)

3. Have you ever attended the NICE program before?

Yes No

VISA INFORMATION

I am NOT in the U.S. now. I NEED a student (F-1) visa. Please send me an I-20 AB form.
Send my I-20 form to this address (if different from permanent address):

Yes No I will need an F-2 visa for my spouse/children.

I am in the U.S. NOW on a student (F-1) visa. I want to TRANSFER to NICE. Please send me an I-20 AB form.

SEVIS ID #: _____

Name of school currently attending: _____

(Note: You must submit a transfer verification form from your current school.)

Yes No I will need an F-2 visa for my spouse/children.

I DO NOT NEED A STUDENT VISA BECAUSE...

I am a U.S. CITIZEN.

I am in the U.S. now on a _____ visa.
(TYPE OF VISA)

I am a PERMANENT
RESIDENT of the U.S.

I am planning to enter the U.S. on a _____ visa.
(TYPE OF VISA)

FINANCIAL STATEMENT (NOTE: Fill out only if you need an I-20 form for a student visa)

SOURCE OF FINANCIAL SUPPORT (Check One)

Student (Self)

Student's Immediate Family Member (Parent, spouse, or sibling over 21) Relationship: _____

Name and Address: _____

Sponsor Name and Address: _____

(Note: You must also submit an Affidavit of Support)

STUDENT SIGNATURE

"I certify that the above information is complete and accurate to the best of my knowledge. I fully understand that persons coming to the U.S. on a student visa are expected to study full-time. I agree to abide by all of the NICE rules and policies during my term of study."

Signature of Student _____ Date _____

Enrollment at the University of Hawai'i signifies consent to, and acceptance of all policies and procedures governing enrollment, including financial liability. Students who fail to remit payment when due, agree to pay the University of Hawai'i all reasonable costs for collection, to include collection agency, attorney's and court fees.

Continue to
back page

PHOTO RELEASE

If NICE takes photos of you during the program, we need your permission to use them on websites, brochures, advertisements, social media, etc.

Please check one:

Yes, I authorize NICE to use my photo.

No, I do not authorize NICE to use my photo.

UH WIRELESS AND COMPUTER ACCESS

Will you need free on-campus wireless or access to UH computers?

Yes, I will need UH Wireless and computer access.

Please send my USER NAME and PASSWORD to my personal EMAIL ADDRESS:

No, I will not need this service.

MEDICAL INSURANCE

All NICE students are **required** to have overseas medical insurance during their study term.

Please check one:

I will show proof of overseas medical insurance from my home country upon arrival.

I will need to purchase medical insurance upon arrival.

AGENCY SPONSOR

Fill out if a study abroad agency helped you with applying to NICE.

The following agency helped me with applying for NICE:

Name of agency

Email address of agency

GRADES RELEASE

Fill out if your home university is giving you credit to study in NICE.

I am a student at:

Name of home university

Please check one:

Yes, I authorize NICE to share my Grade Report with officials of my home university.

No, I do not authorize NICE to share my Grade Report.

ASSUMPTION OF RISK AND RELEASE

The personal safety of our students is a major concern at NICE. Dangerous activities are avoided and not endorsed by the program. However, students are required to participate in activities in the Honolulu community that are related to classroom work.

The *Assumption of Risk and Release* form releases the University and its employees from responsibility in the event of damage to personal property, personal injury, or death which may result from your participation in NICE Program activities, including transportation to and from the activities.

Please read the information below carefully (*the NICE office may be able to provide a translation.*) Then fill in the date and sign your name. Thank you.

Assumption of Risk and Release

(*Field Trips and Other Off Campus Activities*)

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the New Intensive Courses in English, and during transportation to and from NICE activities, to which I may be exposed during my enrollment and participation in the NICE program, do hereby agree to assume all the risks and responsibilities surrounding my participation in that program or activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, and release, and forever discharge the University, and all its officers, agents and employees from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents or employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this

_____ day of _____, 20____.

DATE MONTH YEAR

SIGNATURE

PRINT YOUR NAME