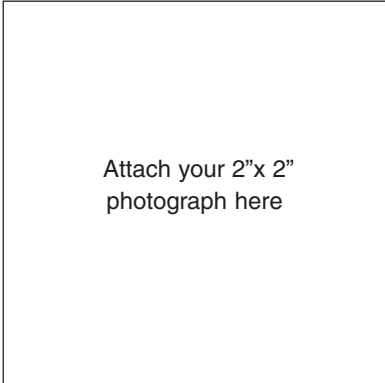




THREE-WEEK N.I.C.E. APPLICATION

Please fill in the following information completely and clearly.

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



Study Plans

Term number(s) you will attend: _____

Dates you will attend: _____

Have you ever attended the N.I.C.E. program before? Yes No

Grade 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.

UH Wireless & Computer Access

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

Please check one:

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.

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.

Medical Insurance

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

Please check one:

I will have medical insurance from my home country.

I will need to purchase medical insurance upon arrival.

Assumption of Risk and Release

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 N.I.C.E. Program activities, including transportation to and from the activities.

Please read the information below carefully then fill in the date and sign your name.

Thank you

Assumption of Risk and Release

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 N.I.C.E. activities, to which I may be exposed during my enrollment and participation in the N.I.C.E. 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

Student Signature

"I certify that the above information is complete and accurate to the best of my knowledge. I agree to abide by all of the N.I.C.E. 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.