UNIVERSITY of HAWAI'I®
LEEWARD
COMMUNITY COLLEGE

Office of International Programs
96-045 Ala Ike
Pearl City, HI 96782
Phone: (808) 455-0570
Fax: (808) 455-0568
http://www.leeward.hawaii.edu/ipo

International Student Application Form

PLEASE PRINT OR TYPE AND ANSWER ALL SECTIONS

APPLICATION TYPE & PROGRAM INFORMATION

If you are returning to Leeward Community College or transferring from another University of Hawai'i campus, please provide your UH Student ID number. ☐☐☐☐-☐☐☐☐

1. This application is for (please select ONLY one):

   English Language Institute (ELI): ☐ **Summer** 2020 (Jun 15 – Aug 7) ☐ **Fall** 2020 (Aug 24 – Dec 11)
   ☐ **Spring** 2021 (Jan 11 – May 7)
   ☐ **Summer** 2021 (Jun 14 – Aug 6)

   Credit Program (undergraduate degree/certificate):
   ☐ **Summer sessions 2020** (Summer session: May 26 – Aug 14) *Divided into Session I & Session II
   ☐ **Fall semester 2020** (Aug 24 – Dec 18) ☐ **Spring semester 2021** (Jan 11 – May 14)
   ☐ **Summer sessions 2021** (Summer session: May 24 – Aug 13) *Divided into Session I & Session II

   ***An official English proficiency test score is required to apply directly to the credit program.**
   (TOEFL: 61 on iBT or 500 paper test / IELTS: 5.5 / Step Eiken: 2A / GTEC 1051 / duolingo: 85)

   Educational Goal (select one): ☐ Associate Degree ☐ Transfer to a 4-year university ☐ Certificate Only

   Academic Major at Leeward Community College: _____ (*Must select one from the list.)

2. Student Enrollment Status:
   ☐ Initial Student – Applying from outside the United States
   ☐ Transfer Student – Transferring from another language school, college, or university in the United States
   ☐ Returning Student – Returning to Leeward Community College after an absence

PERSONAL INFORMATION

3. Full legal name: _____ _____ _____
   LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

4. Date of Birth: _____/_____/_____ Gender: ☐ Male ☐ Female
   Month Day Year

5. Country of Birth: _____ Country of Citizenship: _____ City of Birth: _____

6. Permanent address in home country: _____

   _____
   City Prefecture/Province Postal Code Country

7. Address in U.S. (if applicable) or Mailing Address: _____
   Street

   _____
   Apt/Unit # City State Zip Code

8. Telephone Number: _____ E-mail Address: _____

EDUCATION

9. List every school including high school, college, university and language program that you have attended or are currently attending:

High School	Country	From (Month/Year)	To (Month/Year)	Graduated
				☐ Yes ☐ No
College/University/ Language Program	Country	From (Month/Year)	To (Month/Year)	Graduated
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

VISA & IMMIGRATION INFORMATION

Please complete the following if you are currently in the United States:

10. Date of Entry into the United States: _____/_____/_____ Type of Visa at Entry: _____
    Month Day Year

11. Your Current Immigration Status: _____ Expiration Date of I-94 card (if not on F-1 visa): _____

12. Do you plan to travel outside the United States BEFORE the beginning of the term? ☐ Yes ☐ No

13. Do you have a dependent spouse and/or child who will accompany you? ☐ Yes ☐ No
    If yes, please provide their information below and submit their copies of their passport.

    Full legal name: _____ _____ _____
    LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

    Date of Birth: _____/_____/_____ Gender: ☐ Male ☐ Female Relationship: ☐ Spouse ☐ Child
    Month Day Year

    Full legal name: _____ _____ _____
    LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

    Date of Birth: _____/_____/_____ Gender: ☐ Male ☐ Female Relationship: ☐ Spouse ☐ Child
    Month Day Year

APPLICATION'S SIGNATURE & CERTIFICATION

I certify that the answers and responses provided for all of the items on the University of Hawai'i – Leeward Community College International Student Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission. If accepted to Leeward Community College, I hereby agree to abide by all the rules and regulations set forth by the College including purchasing mandatory group health insurance plan.

Signature: _____ Date: _____/_____/_____
Month Day Year