

- _____ Spring Session I
- _____ Spring Session II
- _____ Fall Session I
- _____ Fall Session II
- _____ Summer Session I
- _____ Summer Session II



Application Form

Family Name	First Name	Middle Name
Permanent Mailing Address (in home country)		
City	Country	Zip Code
Home Telephone	Email Address	

Hawa'i'i Address	City	Zip Code
Hawa'i'i Telephone		

Date of Birth: ____/____/____	Gender: ____ Male ____ Female
Country of Birth	Country of Citizenship
Name of High School or College	Year Graduated

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. Please send I-20 form to this address (if different from home address): _____

_____ I am in the U.S. now on a student (F-1) visa. I want to transfer to HELP. Please send me an I-20 AB form.
 SEVIS ID#: _____
 Name of current school: _____

I do NOT need a student (F-1) visa because:
 _____ I am a U.S. citizen.
 _____ I am a permanent resident of the U.S.
 _____ I am in the U.S. now on a _____ visa.

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 and I agree to abide by all of the HELP policies and rules during my term of study."

 Sign Date

CONDITIONAL ADMISSION

_____ I plan to apply to the Undergraduate Program in Arts & Sciences at the University of Hawai'i at Manoa as a 'Conditional Admission Student' through HELP.

FINANCIAL STATEMENT

(Required for a student (F-1) visa.)

Source of Financial Support:

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

Name and Address: _____

_____ Sponsor (you must attach an Affidavit of Support)
 Name and Address: _____

Assumption of Risk and Release

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the Hawai'i English Language Program (HELP), and during transportation to and from HELP activities, to which I may be exposed during my enrollment in HELP, do hereby agree to assume all the risks and responsibilities surrounding my participation in HELP and any independent research 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 HELP, the University of Hawai'i, 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 HELP, the University of Hawai'i, its officers, agents or employees, during the period of my participation aforesaid.

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

_____ day of _____, 20____.
 (day) (month) (year)

 Signature

 Co-Signature of parent or guardian if under 18

 Print Your Name