

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

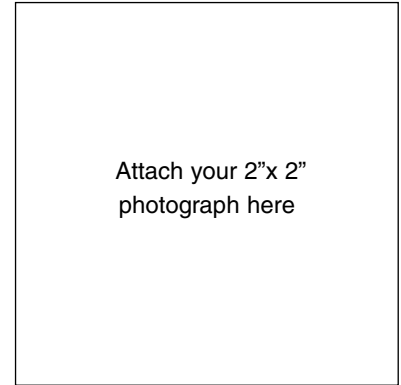


UNIVERSITY
of HAWAII
MĀNOA

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		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					



Attach your 2"x 2"
photograph here

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

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 have medical insurance from my home country.

I will need to purchase medical insurance upon arrival.

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.

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