Calendar

EWKLP 2008F

EWKLP 2009S

For updated information, please visit the JAIMS Web site: www.jaims.org

JAIMS

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EWKLP Application Form



East-West Knowledge Leaders Program

Study option (select):			-2\ D		
☐ Option: Increasing Comp	petencies for International C	ommunication (IC	.²) Program		
PERSONAL DATA					
ame: Last/Family	Eiret	Full Middle		☐ Female	☐ Male
		ruii iviidule			
urrent or Local Mailing Addre	ss:Number and Street	City	State	Zip	Code
Current Address Good Unti	il:Current	Phone:			_
	Date				
ermanent Home Address:	Number and Street	City	State		Zip Code
Pormanont Phono:					
remanent mone.					
mail Address:					
rth Date:Month/Da	Birthplace: _ y/Year			Citizenship:	
erson to contact in case of emo	ergency:				
ame: Last/Famil	у	First			
Lastranni					

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Revised 10/07

II. EDUCATION

List all institutions you have attended (including any that you are currently attending).

			Attendar	nce Dates	Gra	aduation	
Level of Education	Name of Institution	Location (Country)	From (Mo/Yr)	To (Mo/Yr)	Date Received	Name of Degree	Major
College, University or Graduate School							
Other Education							

III. LANGUAGE BACKGROUND

What is your native language?				
Test scores from one of the following are requi	red:			
I □ took or □ will take the				
☐ Test of English as a Foreign Language (1	OEFL) on	Date	Score: _	
☐ Test of English for International Commu	ınication (TOEIC) on	Date	Score: _	
☐ International English Language Testing	System (IELTS) test on	Date	Score:_	
List all foreign language(s) you have studied.	Where? (college, high	school, private language s	school)	How long?
IV. ACTIVITIES AND ORGANIZATION List social, community and professional organiz held and honors, recognitions, or special award	S rations, honorary societie			l to; also list any offices

V. WORK EXPERIENCE

Title of Current or Most Recent Position:				
Organization:				
Business Address:				
Type of Industry:		Business Phone:		
Business Fax:		Business E-mail:		
Name and title of your immediate supervisor:				
Number of people in entire organization:		Number of people you manage:		
Please provide a brief description of your current du	ıties:			
Will you receive company tuition assistance? □ Ye	es 🖵 No			
If so, what is the approximate percentage that your		?		
How many years of total full-time work experience				
Beginning with your current job assignment, please	list your four most	recent positions:		
Name of Organization & Location	Type of Industr	y Position/Title	Dates From/To (Mo/Yr)	
			/	
			/	
			/	

/

VI. REASON FOR APPLYING

Please explain your interest in international business and/or management hope to gain from studies at JAIMS.	t studies. Outline your professional objectives and what you
How did you learn about JAIMS? (If magazine or newspaper, please spec	ify name.)
I certify that the information contained in this application is true and corr	rect.
Applicant's Signature:	Date:
Applicant's Signature:	vale

EWKLP Health Form



IMPORTANT: Upon notification of admission to EWKLP, you are required to submit a completed EWKLP Health Form. Please read the form carefully and provide information as required. The I-20 for your student visa application will be issued to you only after your completed EWKLP Health Form is received by JAIMS.

REQUIREMENTS (as stipulat	ed by the State of Hawaii Department of He	ealth):
mumps, and rubella) ad waived if: (1) you were	nunization: Two doses of live vaccine or two ministered at least one month apart are requipment born before 1957, (2) a physician has confirmunity is provided. If you are unable to obtain the shots are required.	uired. This immunization may be rmed past diagnosis of disease, or (3)
Date of immunizations:	First dose:	
	Second dose:	
	Booster:	
Acceptable proof of immu	unization or disease history must be one	of the following:
2) A copy of a health care p3) A copy of laboratory test	ublic health immunization record indicating 2 provider's record indicating 2 doses of MMR t (serologic) evidence of past disease. on of the form by a health care provider con	or measles vaccine.
i, completion of this seek	· · · · · · · · · · · · · · · · · · ·	
	Contracted Measles in	
Name of EWKLP Student	Contracted Measles in	Month/Year
		Month/Year Date
Name of EWKLP Student		
Name of EWKLP Student Name of Physician/Clinician (Address B. Tuberculosis Control:	(Print) Signature	Date State/Country taken no more than six months prior
Name of EWKLP Student Name of Physician/Clinician (Address B. Tuberculosis Control: to EWKLP enrollment ar	(Print) Signature City A physician's certification that a chest x-ray	State/Country taken no more than six months prior is is required. Please do not send
Name of EWKLP Student Name of Physician/Clinician (Address B. Tuberculosis Control: to EWKLP enrollment ar the x-ray to JAIMS.	(Print) Signature City A physician's certification that a chest x-ray and showing no evidence of active tuberculos Results:	State/Country taken no more than six months prior is is required. Please do not send