



MARINE OPTION PROGRAM APPLICATION FOR ADMISSION LEEWARD COMMUNITY COLLEGE

Name: _____ Soc. Sec. No. _____ Sex ____ Date: _____
Last First M.I.

Current _____ Phone: _____
 Address No. & street City State Zip

Permanent _____ Phone: _____
 Address No. & street City State Zip

Email: _____ Can this email address be used to send you MOP information
 such as: jobs, announcements, field trips, news, etc.? __ Y/N

Birth date: _____ Birthplace: _____ Citizenship: _____

Total credits taken at LCC: _____ Proposed major: _____ Degree: _____

Proposed date of graduation: _____ Tuition status: Resident ____ Non-resident ____

SCHOOLS ATTENDED	INSTITUTIONS & LOCATION	DATES (FROM – TO)	DEGREE
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LAST HIGH SCHOOL:	_____		
COLLEGES & UNIV.:	_____		

COLLEGES & UNIV.:	_____		

Special achievements (list scholastic honors, scholarships, extracurricular activities): _____

CERTIFICATES: (list date of most current certificate)

First aid: _____ CPR: _____ Oxygen provider: _____

Diving: (courses and dates) _____ # dives / year: _____

If not a diver, are you interested? _____ Swimming skills: _____ snorkeling: _____
(None, weak, strong, competitive)

Ocean skills: fishing: ____ power boat ____ sail boat ____ canoe ____ kayak ____ wind surfing ____ surfing ____

Other ocean skills or certificates not previously listed: _____
i.e. life saving, WSI, USCG, EMT, etc. (name and date)

WORK EXPERIENCE (begin with most recent)

Job experience

Employer

City & State

Dates (from – to)

COLLEGE-LEVEL, MARINE-RELATED COURSES COMPLETED:

Course

Institution & Location

Semester & yr.

Grade

Marine-related courses currently enrolled in: _____

Marine-related courses planned for next semester: _____

Do you have a marine-related career in mind? _____

How will you relate MOP to your career goals? What specific interests do you hope to pursue in MOP? (Optional) Do you have any specific project in mind at this time?

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR MOP USE ONLY

ACCEPTED: ____ REJECTED: ____ INTERVIEWER: _____ DATE: _____

REMARKS: _____

WAIVER AND ASSUMPTION OF RISK

I, _____, in full recognition of the dangers and hazards inherent to marine
(PRINT FULL NAME)
related activities, do hereby agree, without reservation, to participate in the University of Hawai'i System
Marine Option Program and its related activities during the period _____ to
_____.

I do hereby assume all risk relating to and caused by or from my participation in such activities and/or
independent research undertaken as an adjunct thereto under said program and further, I do for myself, my
heirs, executors and administrators, waive, release and forever discharge the State of Hawai'i, including
Leeward Community College, the University of Hawai'i System and associated agencies, Department of
Planning and Economic Development, Research Corporation of the University of Hawai'i, University of
Hawai'i Marine Center, Division of Aquatic Resources, Department of Land and Natural Resources, and
all of its officers, agents and employees, acting officially and otherwise, from all liability, claims,
demands, injury or death to me which may occur from any cause while performing work, or while being
transported to and from study sites aboard vessels, or any other equipment, or while at any facility used in
conjunction with the project during said period.

IN WITNESS WHEREOF, I CAUSED THIS WAIVER TO BE EXECUTED THIS _____ DAY OF
_____ YEAR _____.

SIGNED: _____
(STUDENT)

MOP COORDINATOR: _____ CAMPUS: _____ DATE: _____

MOP SKILL PROJECT SPONSOR: _____ DATE: _____

PROJECT SPONSOR'S AGENCY OR BUSINESS: _____

CO-SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
(FOR STUDENTS UNDER 18 YEARS OF AGE)

COPIES TO: STUDENT, MOP FILE, SPONSOR, AND PARENT