University of Houston Language and Culture Center 3581 Cullen Blvd. Science Building, Suite 230 Houston, TX 77204- 3014

Phone: 713-743-3030 Email: <u>LCC@uh.edu</u> Fax: 713-743-3029 <u>LCC.uh.edu</u>

Street Address (Line 1)

UNIVERSITY of HOUSTON

LANGUAGE and CULTURE CENTER

Language and Culture Center Application Form

What term would you like to begin studying English at the Language and Culture Center?		Date of High School Graduation (MM/DD/YYYY)				
Legal Last/Far	mily Name	Have you ever applied to the University	of Houston before?			
First/Given Na	me	Are you currently studying at another se	chool in the United States?			
Date of Birth (I	MM/DD/YYYY)	Do you plan to study in an American un	niversity after language training?			
Gender		What kind of degree do you plan to earn	n after language training?			
Country of Citi	zenship	What major or field do you plan to study	r for your degree?			
Country of Birt	h	Do you plan to study at the University o training?	of Houston (UH) after language			
What is your fi	rst language?	Current Address Outside the	U.S (Required for F-1 students)			
Are you a Unit	ed States citizen or resident?	Street Address (Line 1)				
Are you in the Yes	United States right now?	Street Address (Line 2)				
	pe of visa did you use to enter the United States?	Province/State	City			
Do you plan to enter the United States on an F-1 visa before you begin studying at the LCC?		Postal Code	Country			
Yes	No					
Do you plan to bring any dependents (your spouse and/or children) with you to the United States when you study?		Valid Personal E-mail Address				
Yes	No					
United States Mailing Address (For students currently in the U.S.)						

City Zip/Postal Code

Language	and Culture	e Center -	Information	Validation
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 	, verify that all information given on the				
(Print Student's Full Legal Name)					
application and provided in the required documents submitted with my application is valid and true.					
(Student Signature)	(Date)				
Language and Cul	ture Center - Permission Release Form				
	d Culture Center Office requires that all students given written permission specifying concerning the status of his or her application and/or admission to the University of				
If you wish to designate someone to access this informati					
I,(Student's Full Legal Name)	, give, my (Print Full Legal Name of Friend or Relation)				
(Student's Full Legal Name)	(Print Full Legal Name of Friend or Relation)				
, permission to re(Relation to Student)	equest information concerning the status of my application and/or admission status				
to the intensive English program in the Language and Co and Culture Center permission to release this information photo identification when requesting information in pe	ulture Center at the University of Houston. I further give permission to the Language upon request. I understand that the above named person(s) may be required to show erson. I also understand that if the information is requested by telephone by the information as to my 1) date of birth, 2) full name, 3) student number, 4) complete released from our office to the designated person.				
Student Signature	Date				
Legal Last/Family Name of Authorized Contact					
Legal First/Given Name of Authorized Contact					
Phone Number for Authorized Contact					
Email Address for Authorized Contact					