

**Faculty-led Chinese Summer Study Abroad Program, MCL, CLASS, UH
APPLICATION FORM**

Last Name: _____ First Name: _____ SSN# _____

Email: _____ Birthday: _____ Gender: M ___ F ___

Address: Street: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ WK Phone: _____ Cell Phone _____

Person to contact in an emergency: _____ Phone: _____

Race or ethnic origin (Optional, for statistical purposes only), Please Check:

African American/Black ____, American Native ____, Asian ____, Hispanic ____, Pacific Islander ____,
White ____.

Country of your citizenship: _____

Current UH Status: First year ___ Sophomore ___ Junior ___ Senior ___ Graduate Student _____

Major: _____ Minor: _____

Overall GPA _____ GPA in Chinese _____

Chinese Language Background: _____

Please check 1 to 3 courses (see note 1) you plan to take (All the higher level courses fulfill Chinese Minor or Major):

- _____ CHNS 1398: Elementary Chinese
- _____ CHNS 2301: Intermediate Chinese I
- _____ CHNS 2302: Intermediate Chinese II
- _____ CHNS 3301: Advanced Chinese I
- _____ CHNS 3302: Advanced Chinese II
- _____ CHNS 4301: Public Speaking
- _____ CHNS 4302: Integrated Chinese
- _____ CHNS 3350: Chinese Culture through Films
- _____ CHNS 3352: Chinese Culture and Society thru Modern Lit.
- _____ CHNS 3398: Chinese Culture through History

Please submit the form to your Chinese course instructor or to Rishika, the MCL department coordinator in 613AH.

NOTE:

1. UH generally grants 2 courses / 6 credit hours for one summer session. You must petition to your major department if you want to receive credits for 3 courses / 9 credit hours. In the past, these petitions have been granted.
2. Since this is a UH faculty-led program, you will receive \$500 UH fee discount if taking two or more courses, \$250 if taking one course.
3. The program fee due day: 4/11/2014. Late fee charges will be applied after the due day.
4. ISIC: International Student Identity Card (about \$22) is required. Submit the card info. to Rishika, the MCL department coordinator, by 5/5/08. Students may buy ISIC from UC Business Center, online at www.myISIC.com or call at 1-800-209-0425.
5. The program fee is nonrefundable after 6/10/2014.



(Please turn in with program application)
 501 Ezekiel W. Cullen Building, Houston, Texas 77204-2039
 Tel. 713-743-9167 Fax. 713.743.9196

HEALTH DISCLOSURE

In the event of any medical emergency (physical or mental), the student hereby grants to UH or any of its representatives on the Program the full authority to take any action deemed necessary to protect student’s mental or physical health and safety at student’s own expense, including, but not limited to, placing student under the care of a doctor or in a hospital or any place for medical examination and/or treatment or returning the student to the United States at student’s own expense if such return is deemed necessary after consultation with medical authorities. In the event student is returned to the United States, the student shall not recover any money paid for and in connection with the Program. Student agrees UH is not required to take any such actions if it is not aware of the emergency or in its discretion determines no emergency exists. Should the need arise, UH, OISP representative is authorized to provide any personal information of student to any health care provider.

Please read these forms and follow all instructions for completion. FULL DISCLOSURE REQUIRED. The information on these forms will assist health care providers in the event of a medical emergency. It is very important that this is completed fully and accurately. If a section is not applicable, enter N/A.

Medical insurance is highly recommended for course participation. Health care providers may require proof of ability to pay for services before services are rendered. If you do not have health insurance, trip insurance may be purchased from an independent insurance agency. If you purchase temporary health insurance, you must provide the name of the carrier and the policy number in the blank provided. Please consult Macorie Inc., Student Insurance Agency.

Primary Care Physician:

Name: _____ Office Phone: _____

Insurance Carrier: _____

Policy Number: _____

Please use this space to inform OISP on your medications in use at present. Please specify special requirements if any.

I verify that all information in this health disclosure is complete, accurate and true to the best of my knowledge.

 Signature

 DATE

UNIVERSITY OF HOUSTON
AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE OR LIKENESS
(Please turn in with program application)

I, (printed name) _____do permit and authorize the University of Houston (University) and its employees, agents, and personnel who are acting on behalf of the University to use my photograph or other likeness for purposes related to the educational mission of the University, including publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand my photograph or likeness and voice may be copied and distributed by means of various media, including video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mailouts, billboards or signs, brochures, placement on University websites, other electronic delivery, or publications. I acknowledge that the University has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of my image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or any material in which the University may eventually use the photographs.

I relinquish and give the University all rights, title and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the University will endeavor to use my photograph or likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this consent form.

Signature _____ Age (if minor) _____ Date _____

Printed or Typed Name _____ Phone _____

Address _____ City/State/Zip _____

**CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL
IS A MINOR**

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Signature _____ Date _____

Printed or Typed Name _____ Phone _____

Address _____ City/State/Zip _____