

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

Name(Exactly the same as on passport):

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UH ID : \_\_\_\_\_ Passport #: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

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 3396: Chinese Culture through History

Please submit the form to your Chinese course instructor, or to place it in Dr. Wen's mail box by 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 up to \$500 UH fee discount if taking two or more courses, \$250 if taking one course.
3. The program fee due day: 4/12/2016. Late fee charges will be applied after the due day.
4. ISIC: International Student Identity Card (about \$22) is required.  
Students may buy ISIC from the UH Learning Abroad Office, UC Business Center, online at [www.myISIC.com](http://www.myISIC.com) or call at 1-800-209-0425.
5. The program fee is nonrefundable after 6/10/2016.

## **PROGRAM AGREEMENT**

(Please turn in with program application)

The Chinese Summer Study Abroad Program in MCL is a UH-sponsored educational program. It offers an opportunity for students to study Chinese language and culture, and explore career development, in China. The program is an academically vigorous and culturally enriching program.

I, \_\_\_\_\_, will abide by the regulations as stated in the Chinese Summer Study Abroad Program Handbook, and will follow all the university guidelines and procedures as outlined by the University of Houston Systems Administration. I also understand that any behavior deemed inappropriate during this visit is subject to disciplinary action by the University of Houston upon our return to the United States. In any and all cases of misconduct or non-compliance with program requirements while in China, I may be subject to disciplinary action which include, but may not be limited to, early expulsion from the program, non-eligibility for course credit from the University of Houston, and non-eligibility for participation in the future in this program sponsored by the Chinese Studies Program, Department of Modern and Classical Languages.

I, \_\_\_\_\_, understand that neither the University of Houston nor the Department of Modern and Classical Languages will be held liable for any accidents or cases of physical negligence for the duration of our travel to, from, and throughout China from July 5, 2016 to August 7, 2016.

\_\_\_\_\_, \_\_\_\_\_  
Participant's Signature Date

Very useful information from the **UH Office of Learning Abroad:**

<http://www.uh.edu/learningabroad/>

<http://www.uh.edu/learningabroad/find-a-program/faculty-led-programs/>

Required documents at <http://www.uh.edu/learningabroad/find-a-program/faculty-ledprograms/student-document-requirements/>

**AUTHORITY**

I, \_\_\_\_\_, the Participant, represent and warrant that I am eighteen (18) years of age and older, have the authority to execute this Release and Waiver of Liability Agreement, and am not under the guardianship or conservatorship of another, nor am I under the care of legal authority. I further acknowledge that I have carefully read this entire Release and Waiver of Liability Agreement and that I understand the potential dangers incident to my involvement with and/or my participating or engaging in the Program Activities and I am fully aware of the legal consequences of this

Release and Waiver of Liability Agreement and agree and intend to be bound by said Release and Waiver of Liability Agreement. I agree to each of the terms of the Release and Waiver of Liability Agreement and understand that I am releasing and waiving certain rights and assuming the risk of injury and damage from my participation in the Program Activities.

**Signature for Participants (18 years or older)**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Printed Name Signature Date

**CONSENT TO RELEASE INFORMATION ABOUT FOREIGN TRAVELLER**

I, \_\_\_\_\_, (print name) authorize representatives of the United States government, whether in the United States in the foreign country of \_\_\_\_\_ and/or \_\_\_\_\_ or any other country abroad to release to the University of Houston, a Texas public institution of higher education located in Houston, Texas in the United States of America or (print name of parent, guardian, emergency contact, etc) \_\_\_\_\_ information in their possession regarding my location, welfare, intentions or problems. It is my intention in executing this consent form to permit the United States government to provide information to these individuals without being found to have violated the U.S Privacy Act.

**Signature for Participants (18 years or older)**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Printed Name Signature Date

**Please submit the following forms together with the program application**

1. RELEASE AND INDEMNIFICATION AGREEMENT
2. HEALTH DISCLOSURE (Although the form says “Voluntary Health Disclosure”, the form is absolutely required by this faculty-led program.)
3. AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE OR LIKENESS