

**Program of Study Chinese in Beijing , MCL, CLASS
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:

Latin American _____ African American _____ American Native _____

Asian/Pacific Islander _____ White _____

Country of Citizenship: _____ Major: _____ Minor: _____

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

Overall GPA _____ GPA in Chinese _____

Chinese Language Background: _____

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

___ CHNS 1398: Elementary Chinese

___ CHNS 2301: Intermediate Chinese I

___ CHNS 2302: Intermediate Chinese II

___ CHNS 3301: Advanced Mandarin Chinese I

___ CHNS 3302: Advanced Mandarin Chinese II

___ CHNS 3350: Chinese Culture Through Film

___ CHNS 3352: Chinese culture and society through modern literature

___ CHNS 4301: Public Speaking

___ CHNS 4302: Integrated Chinese

___ ECON 3355: Economic development in Asia

___ CHNS 3398 Chinese culture and History Taught in English

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 credit for 3 courses / 9 credit hours. In the past, these petitions have been granted
2. The program cost due day: 4/11/2011
3. ISIC: International Student Identity Card (\$22) is required. Submit the card info. to the MCL dept. by 5/2/2011. Students may buy ISIC from UC Business Center, online at www.myISIC.com or call at 1-800-209-0425.
4. Late fee charges will be added after 2/14/2011
5. The program cost is nonrefundable after 7/1/2011.

1. The Shang-Zhih & Lucia Lee Wu Scholarship for Chinese Studies Abroad

2. The Beiqing-UH Summer Study Aboard Scholarship

**Please submit this form with the program application to MCL office 613AH,
or no later than Feb. 16th**

Both scholarships are largely merit-based. Financial needs of the student will also be considered by the Scholarship Committee. The scholarship amount is limited, and generally comparable between the two scholarships. The second scholarship is sponsored by the host university (BQZX) and will be given to the winners when arriving in Beijing. You may check both, but only one may be given.

Indicate which scholarship application you are applying for: 1 _____, 2 _____, Both _____.

Last Name: _____ First Name: _____ SSN# _____

Current Address: Street: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

WK Phone: _____ Cell Phone: _____ E-mail Address: _____

Permanent Address: Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Major: _____ Minor: _____

Current UH Classification: First year ____, Sophomore ____, Junior ____, Senior ____, Graduate ____.

Courses you have taken on or related to Chinese/Asian language and culture studies:

Your Overall UH GPA _____

Overall GPA of the courses from Minor or Major in Chinese Studies _____

Your aspiration for the scholarship (approximately 200 words, Feel free to use the back of the page).

FYI: In addition, there are two very popular scholarships at the UH university level: **1. International Education Fund Scholarship (IEFS)**, **2. Houston Junior Chamber of Commerce Scholarship(HJCC)**. The deadline for both is March 1. Please check:

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

University of Houston Scholarships

(For UH students only)

1. **International Education Fund Scholarship (IEFS)**
2. **Houston Junior Chamber of Commerce Scholarship(HJCC)**

Both Scholarships are available to All UH Students who have completed 12 Hours of course work. Deadline is MARCH 1. For information and to download the application forms, please go to:

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

For help with IEFS and HJCC scholarship applications, you should go to the Office of International Studies and Programs (OISP), located on the 5th floor of the E. Cullen building, and speak with an advisor.

For Financial aid, please contact the University of Houston's Office of Scholarships and Financial Aid at <http://www.uh.edu/enroll/sfa/>
Contact us at xwen@uh.edu or jzhang5@uh.edu or chalimai@gmail.com if you need assistance.



(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 _____