



University of Colorado
Boulder

University of Colorado Boulder
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APPLICATION CHECKLIST

Please type or print clearly.

APPLICANT INFORMATION (as it appears in your passport)

Family/Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth: _____	Passport Number: _____
Date of Birth: _____ <small>Month / Day / Year</small>	Country of Citizenship: _____	

APPLICATION CHECKLIST

All items below must be submitted before the university can process an application:

- Completed *Application Form*
- Photocopy of the identification page of the applicant's passport

APPLICATION FORM

Please type or print clearly.

SELECT ACADEMY DATES

- January 2019 (January 3 - January 26)
 July 2019 (July 1 - July 27)
 January 2020 (January 5 - January 29)
 July 2020 (July 1 - July 25)

SELECT TEST PREPARATION PROGRAM

- TOEFL Test Preparation
 SAT Test Preparation

APPLICANT INFORMATION (as it appears in your passport)

Family/Last Name _____	First Name _____	Middle Name _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth: _____	Passport Number: _____
Date of Birth: _____ Month / Day / Year	Country of Citizenship: _____	
Academic Interests or Major: _____		
Expected Year of High School Graduation (ex. 2017): _____		

APPLICANT ADDRESS/CONTACT INFORMATION

Home Country Address (Number and Street) _____

City	State/Province	Postal Code	Country
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Home Country Telephone _____
 Email Address* _____
 Mobile Number _____

* This email address is the primary way the university will contact you prior to your arrival. You must check this email account frequently in order to stay informed regarding important program information and updates.

EMERGENCY CONTACT INFORMATION (parent/legal guardian)

Family/Last Name	First Name	Relationship to Student
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Home Country Address (Number and Street) _____

City	State/Province	Postal Code	Country
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Home Country Telephone _____
 Email Address _____

VISA INFORMATION

- What type of visa will you apply for?**
 B1/B2 Visitor Visa
 J-1 Exchange Visitor Visa
 Visa Waiver Program (ESTA Application)
- Do you already have a B1/B2 visa?**
 Yes No
 If yes, when does it expire? _____ (Month / Day / Year)

HOUSING, MEAL, AND LIFESTYLE PREFERENCES

Please complete the following questions regarding housing and meal preferences.

- Are you comfortable living with pets?** Yes No

What are your favorite foods? _____

Are there any foods you will not eat? _____

(continued on the next page)

HOUSING, MEAL, AND LIFESTYLE PREFERENCES *(continued)*

Do you have any allergies? Yes No If yes, please describe. _____

Do you have any religious dietary needs (e.g. halal, kosher, etc.)? Yes No If yes, please describe. _____

Please check all that apply:

My character is: Athletic/Active Shy/Quiet Artistic Humorous Adventurous Independent

Other: _____

My hobbies are: Reading Sports TV/Movies Computers Socializing Listening to Music

Other: _____

Tell us about your personal habits:

Neatness: Neat – orderly and clean Casual – fairly clean with some clutter Messy – lots of clutter

Noise levels: Quiet – low key, private Flexible – respect quiet time High energy – like loud music/TV

Study habits: Study every day Study as needed Study last-minute Study in the room Study at the library Study outside

Staying up late (after 11pm): Rarely Sometimes Often

Waking up early (before 7am): Rarely Sometimes Often

Sleep sensitivity: Light sleeper Normal sleeper Heavy sleeper

Tell us your t-shirt size:

Extra-Small (XS) Small (S) Medium (M) Large (L) Extra-Large (XL) Extra-Extra-Large (XXL)

Other: _____

SPECIFIC MEDICAL CONDITIONS AND LEARNING DISABILITIES

The University of Colorado Boulder is committed to diversity, inclusion, and meeting the needs of all of our students through access and accommodation. The answer to the following question in no way influences a student's acceptance into the EducationUSA Academy.

Do you have a specific medical condition or learning disability? Yes** No

** If your answer is YES, we will send you a brief survey before you arrive to get more information on your needs so that we can provide you with the appropriate accommodations.

FINANCIAL SUPPORT

A financial guarantee/statement or letter verifying availability of funds to support you during your EducationUSA Academy studies must be submitted with your application. This statement or letter must be less than 3 months old and written by a bank or a supporting agency (such as a government sponsor). Please choose one of the options below (family, sponsor, or other) indicating whom will assume financial responsibility.

Sources of Financial Support: Family Sponsor Other (please specify): _____

Sponsor/Relative/Friend's Name _____ Relationship to Applicant _____

Address (Number and Street) _____

City _____ State/Province _____ Postal Code _____ Country _____

Telephone _____ Email Address _____ Fax Number _____

Total Program Cost: US \$5,500

I certify that sufficient funds will be available for the duration of the applicant's studies at the EducationUSA Academy at the University of Colorado Boulder.

Financial Guarantor Signature _____ Date (Month / Day / Year) _____

Please Print Name _____

CRIMINAL HISTORY

Do you have a pending criminal charge OR have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential. (Misdemeanor traffic offenses are exempt.)

Yes*** No

*** If your answer is YES, please complete the form located at the following address: <http://iec.colorado.edu/sites/default/files/u7456/CriminalHistorySupplement.pdf>. Include this form in your application materials.

Have you ever been placed on probation, suspended, expelled, or been subject to official disciplinary action from any high school or postsecondary institution for any academic misconduct or behavioral misconduct?

Yes No

(continued on the next page)

MEDIA RELEASE

For Applicant:

I, the undersigned, hereby irrevocably grant permission to the EducationUSA Academy at the University of Colorado Boulder, World Learning, and the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my image and/or voice in connection with the exchange program in which I am a participant and/or in my related activities as an alum of the program.

Additionally, I hereby authorize the EducationUSA Academy at the University of Colorado Boulder, World Learning, and ECA and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to release, publish, broadcast or quote such material, including my name, and any program-related material I myself may create (including photographs and writings).

With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes.

Applicant Signature

Date (Month / Day / Year)

For Parent/Legal Guardian:

I, the undersigned, as the parent and/or legal guardian of the ECA program participant, hereby grant the above permissions and authorizations on behalf of the above-mentioned participant.

Signature of Parent or Legal Guardian

Date (Month / Day / Year)

LIABILITY WAIVER

I approve of my child's attendance at the EducationUSA Academy at the University of Colorado Boulder and certify that s/he is in good health and able to participate in the program activities. I hereby agree to indemnify and keep harmless the United States Department of State, the Bureau of Education and Cultural Affairs, EducationUSA, EducationUSA Academy, the University of Colorado Boulder, the International English Center, and any and all agents/departments/employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course or activity given the applicant during the EducationUSA Academy at the University of Colorado Boulder.

Although the EducationUSA Academy at the University of Colorado Boulder will take all reasonable steps to minimize risks for participants, I recognize that certain inherent risks may be involved in some program activities, including (but not restricted to) swimming, hiking, wilderness exploration, physical games, etc. Activities may result in exposure to plants, animals, insects, allergies, and associated diseases, and include the possibility of slips, falls, scrapes, etc, which could result in scratches, bruises, sprains, fractures, concussions, or even more life-threatening hazards. I am aware of the possible risks inherent in these activities, that this list is not complete, and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for risks herein identified and those not specifically identified. The applicant's participation in these activities is completely voluntary. I assume full responsibility for any and all bodily injury, death, and loss of personal property and expenses thereof as a result of any and all inherent risks and dangers associated with these activities.

I have read, understood, and accepted the terms and conditions of this document and acknowledge this agreement as legally binding upon myself, heirs, assigns, estate, and all members of my family, including minors.

Name of Parent or Legal Guardian

Telephone Number

Signature of Parent or Legal Guardian

Date (Month / Day / Year)

MEDICAL TREATMENT AUTHORIZATION

I, being the legal guardian of the above participant, authorize the EducationUSA Academy at the University of Colorado Boulder and its agents to request medical treatment as necessary or to transport the minor to a medical facility to insure the well being of the participant. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree to pay all costs associated with such medical care and transportation.

Name of Parent or Legal Guardian

Telephone Number

Signature of Parent or Legal Guardian

Date (Month / Day / Year)

CERTIFICATION AND SIGNATURE

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete. I understand that, if found to be otherwise, it is sufficient cause for refusal or dismissal. I agree to observe all campus policies and regulations including the University honor code.

Applicant Signature

Date (Month / Day / Year)

Signature of Parent or Legal Guardian

Date (Month / Day / Year)