

Application for International Academy July 8 - August 5, 2023

Submit your complete application form by email, fax, or regular mail, using the information below. Any questions and concerns contact michelle.zhou@austin.utexas.edu or 1-512-471-2480.

Email

michelle.zhou@austin.utexas.edu

Fax

1-512-475-6810

Regular mail

English Language Center
2400 Nueces Street, Suite B
Austin, TX 78705

1. PERSONAL INFORMATION

Please type or print your name exactly as it appears on your passport and include a copy of your passport page with name and photograph. Applicants must be at least 17 years of age.

Last name (family name) _____

First name (given name) _____

Gender male female City of birth _____

Date of Birth (month, day, year) _____

Country of birth _____

Country of citizenship _____

Street address _____

City _____ Postcode _____

Province _____

Country _____

Country code _____ telephone number _____

Email (required) _____

2. HOW DID YOU LEARN ABOUT THIS PROGRAM?

Education agency _____

Embassy

University/partner institution

Other (relative, friend)

Contact name _____

Contact email _____

IMPORTANT

Sign below to authorize UT Austin's English Language Center to release your financial and academic records to the agent/representative listed.

3. PROGRAM SELECTION

Academic Communication and Research Methodology

4. ROOMMATE REQUEST

This request is optional and not guaranteed. The individual requested must be another IA student.

Name _____

Gender male female

5. VISA INFORMATION

What is your current visa status? US citizen/permanent resident Other non-immigrant status

6. STUDENT SIGNATURE

I certify that the information on this entire form is correct to the best of my knowledge. I acknowledge that UT Austin is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.

7. PARENTAL/LEGAL GUARDIAN INFORMATION

(For students under the age of 18 only)

Name of parent/legal guardian (last, first, middle)

Address _____

Telephone number (day) _____

Telephone number (night) _____

Email address _____

8. ADULT RELATIVE OR FAMILY FRIEND IN THE US

Does the applicant have an adult relative or family friend in the US? Yes No

Name (last, first, middle) _____

Address _____

Telephone (day) _____

Telephone (night) _____

Email address _____

9. STATEMENT OF AUTHORIZATION (students under the age of 18 only)

I, the undersigned parent or legal guardian of _____ (name of applicant) do hereby authorize The University of Texas at Austin, English Language Center and its agents or representatives to consent, on my behalf, to any medical, psychological, and/or hospital care or treatment (including locations outside of the US) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization in the event services are not covered by the insurance policy.

Signature of parent or legal guardian _____

Date _____

10. WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate in any way in a class or activity, hereinafter called "The Activity", I, for myself, heirs, personal representatives or assigns, do hereby release, waiver, discharge, and covenant not to sue The Regents of The University of Texas at Austin, its officers, employees, and agents from liability from any and all claims including the negligence of The University of Texas at Austin, its officers, employees, and agents, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

Indemnification and Hold Harmless: I also agree to Indemnify and Hold the Regents of The University of Texas at Austin Harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fee brought as a result of my involvement in The Activity and to reimburse them from any such expenses incurred.

