

# Application for Admission



## **Application Guide for Non-Degree Seeking Students (J-1)**

Congratulations on your decision to study abroad! It can be one of the most exciting experiences in your academic life. However, before that experience can begin, you must complete this application packet. Please make sure you read, understand and complete all questions before you submit your application.

Applications should be submitted with an official transcript from your home institution and a TOEFL transcript showing a score of 500 or 173 for the Computer Based Test. Your application will not be considered without official transcripts.

Completed applications should be signed by the study abroad coordinator in your home institution.

**Center for International Programs and Services,  
The University of Memphis  
102 Brister Hall  
Memphis, Tennessee 38152-3460  
phone: (901) 678-2814 fax: (901) 678-4949**



Academic period for which you wish to enroll (please circle one)

Fall                      Spring                                      Summer                                      Academic Year

**Part II: OPTIONAL (you may choose not to complete this section)**

How did you find out about the University of Memphis Exchange program? *You may choose more than one answer*

- Promotional materials edited by your university (specify)

\_\_\_\_\_

- Publications (specify)

\_\_\_\_\_

- Recommendation by your academic advisor or Professor

- Recommendation by your study abroad coordinator

- The University of Memphis catalog

- Recommendation by a friend

- Foreign student fair (Specify which one)

- Internet (Specify which one)

- Other (Specify)

**I acknowledge that all my statements on this application form are complete and accurate. If I am admitted to The University of Memphis, I agree to follow its rules.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Part III: Authorization (To be completed by the Study Abroad Coordinator at the University from which the students is applying from).**

I authorize participation by the student who has filled out this form in the Academic Exchange Program which exists between The University of Memphis and our University.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **MEDICAL INSURANCE REQUIREMENTS FOR J-1 PROGRAM PARTICIPANTS**

The United States Information Agency (USIA) requires all participants of the J-1 Exchange Visitor Program to have medical insurance that covers the student or scholar and all accompanying family members for the entire period of stay in the USA. The plan must cover all participants for accidents, sickness, medical evacuation, and repatriation. In regulations set forth by the USIA on March 19, 1993, the following insurance coverage levels were established in 22 CFR 514.14. To comply with the regulation, the International Students Advisor's Office needs a copy of the medical insurance card or policy showing validity dates and coverage that includes a minimum of \$50,000 per accident or illness and a deductible of no more than \$500 per illness with provisions for medical evacuations in the amount of \$10,000, coverage for repatriation of remains for up to \$7,500, as well as mental health coverage. The insurance card or policy must be translated into English and coverage limits provided in US dollars.

To signify your understanding and intent to comply with this regulation, please read and sign the following statement and return it to The University of Memphis. Please be advised that failure to comply with this requirement will result in the automatic termination of your J-1 status by the US Information Agency.

### \*\*\*STATEMENT OF INSURANCE CERTIFICATION\*\*\* FOR EXCHANGE VISITOR PROGRAM PARTICIPANTS

I understand that I am required to have insurance that will pay the costs of medical care for accidents, sickness, medical evacuation, and repatriation. By enclosing a copy of either my insurance card or my application for insurance, I certify that I will have medical insurance which will cover me for the entire period of my stay in the US while on the J-1 Exchange Visitor program.

I understand that The University of Memphis will be required to notify USIA if I do not show that I have the required medical coverage. By signing below, I also understand that any costs which do arise will be my responsibility and not that of either the US Information Agency or The University of Memphis.

\_\_\_\_\_  
name (printed)

\_\_\_\_\_  
signature

\_\_\_\_\_  
today's date

\*Please attach either a copy of your application for insurance or a copy of your insurance card.

## The University of Memphis

### Student Rights and Responsibilities

In accordance with university policy, the Center for International Programs and Services wishes to reaffirm student rights and responsibilities in relationship to studying abroad. The following statement is issued in accordance with University policy and after consultation with appropriate University officers. As with all academic programs, the student is responsible for learning the content of a course of study according to all standards of performance established by the faculty. In turn, the student has the right to a course grade that represents the instructor's good faith judgment of the student's performance in the course.

The University of Memphis reserves the right to require the withdrawal of a student from a program if the student's conduct violates the laws of Memphis, Tennessee, the United States of America, or does damage to the program or to The University of Memphis.

Students are expected to:

- Be responsible for all information contained in the Center for International Programs and Services and The University of Memphis materials concerning fees and program details;
- Attend all orientation meetings;
- Pay all fees and all personal expenses incurred while studying at the University of Memphis;
- Arrange for and complete all academic work within the allotted time period;
- Participate in travel, sightseeing, and individual contact with citizens of the host country without allowing these activities to interfere with the successful completion of the academic program;
- Obey all laws, police regulations and practices of the United States of America. Your diplomatic representatives in the United States of America will be able to offer little or no help to a student arrested and/or convicted of drug-related or other crimes.
- Participants must arrive and depart pre-arranged programs accommodations per specified dates and times.

It is hoped that this information will help clarify your expectations for a meaningful international experience.

## Statement of Understanding

I, \_\_\_\_\_, acknowledge that there are certain risks inherent in Course, including but not limited to death, injury, and damage arising during my participation in Course, and that all risks cannot be prevented. I further acknowledge and agree that it is solely my decision and responsibility, and not that of the University, to determine, in consultation with my physician if necessary, whether my physical condition permits me to participate in any element of Course. If any accommodation is required, I agree to submit appropriate documentation to the University prior to my participation in Course. I acknowledge and agree that the University does not provide health and accident insurance for my participation in Course, and that I am responsible, financially and otherwise, for any medical bills incurred as a result of emergency or other medical treatment. I acknowledge and agree that I am required by University policy to obtain and that I will purchase an International Student Identity Card (ISIC) which is provided through STA Travel. I also acknowledge that in the event that I withdraw from the program during the course of the program I will not be entitled to any refund of fees and charges paid.

For good and adequate consideration, receipt of which is hereby acknowledged, I agree to the following:

1. This Agreement shall be governed by and interpreted in accordance with the laws of Tennessee without regard to its conflict of law principles.
2. Any and all claims against the State of Tennessee, its officers, agents, and employees in performing any responsibility specifically required under the terms of this Agreement or associated with the Student's participation in Course shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee as provided for at T.C.A. 9-8-307, attached. Damages recoverable against the State of Tennessee shall be limited to claims paid by the Board of Claims or the Claims Commission pursuant to Tennessee law.
3. In the event that any provision of this Agreement is deemed to be unenforceable, the remaining provisions shall continue in full force and effect.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND THAT I SIGN VOLUNTARILY.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Received by\*:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

The University of Memphis

## Health Information

This form is to be completed by the participant.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Program \_\_\_\_\_ Term \_\_\_\_\_

The purpose of this form is to help The University of Memphis to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University of Memphis may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program.

### Medical History

Yes \_\_\_ No \_\_\_

1. Are you generally in good physical condition? (If no, please explain.)

Yes \_\_\_ No \_\_\_

2. Do you have any psychological or emotional problems that would adversely affect your participation in the program? (If yes, please explain.)

Yes \_\_\_ No \_\_\_

3. Do you have allergies? (If yes, please explain.)

Yes \_\_\_ No \_\_\_

4. Are you taking any medications? (If yes, list and explain.)

Yes \_\_\_ No \_\_\_

5. Have you had any major injuries, surgeries, diseases or ailments in the past five years that would adversely affect your participation in the program? (If yes, please explain.)

Yes \_\_\_ No \_\_\_

6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes \_\_\_ No \_\_\_

7. Is there any additional medical information which would be helpful for the program director to be aware of during your study abroad experience? (If yes, please explain in detail).

I certify that all responses made on this Health Information form are true and accurate, and I will notify The University of Memphis hereafter of any relevant changes in my health that occur prior to the start of the program.

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Signature of Participant

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Date

## Permission for Emergency Treatment

Please type or print all requested information.

Applicant's Name

\_\_\_\_\_

Last

First

Middle

### Permission for Emergency Treatment

On rare occasions a person participating in an overseas study program faces a health emergency requiring hospitalization and immediate treatment. To prevent dangerous delay in such an emergency, The University of Memphis strongly recommends that the student and his/her parent or guardian or that the non-student (auditor) complete and sign the following statement. The program director should be provided three (3) copies and the person should carry one copy at all times while abroad:

In the event of an emergency illness or injury affecting (myself, son, daughter, ward)

\_\_\_\_\_, born \_\_\_\_\_,

person's name

date

the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

Blood Type \_\_\_\_\_ Known allergies to medication: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

### Person to notify in case of an emergency illness or accident:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Important: The University of Memphis also wishes to inform students and others participating in our Study Abroad Programs/Courses that we do not discriminate against individuals with disabilities in our admissions process. However, for your own welfare, we ask that if you have had any such problem that could affect your participation in the program you should consult with a mental health professional before you leave to discuss the potential stress or other adverse consequences of study abroad.

The University of Memphis

## Illegal Drug Use Policy

The use of illegal drugs is not accepted at The University of Memphis and is treated as a serious criminal offense. Sometimes students who imagined they would never get caught, or who thought they would get off lightly if they were caught, have suffered greatly as a result of drug-related incidents. Whilst you are in the United States of American you will be subject to the laws of the country.

Illegal use of drugs place not only puts the individual but also the group and the program in jeopardy. We require that all students participating in our program read the conditions under which they agree to participate as stated below and sign this agreement prohibiting them from using illegal drugs during the term of the program.

The University of Memphis has adopted the following for dealing with illegal drug use, and I acknowledge and agree to the following:

The consequences of illegal drug use during the program include: **immediate expulsion from the program, immediate return to my home country, total forfeiture of all fees paid or due to the program, and the loss of all course credit.**

Students should take responsibility, both individually and as a group for assuring that The University of Memphis rules regarding drugs are strictly observed. If any student becomes aware that a fellow participant is violating this policy, the student should report the violation to the program director immediately.

Please return this form to the Center for International Programs and Services with your signature. This signed statement must be on file with the Center for International Programs and Services prior to your arrival.

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I have read the above and understand that use or possession of any quantity of marijuana, cocaine or other illegal drug is totally prohibited to participants throughout the program. I understand that this prohibition applies not only while I am in the company of fellow participants, but also when I am alone or with people not associated with the program. I have read the consequences for violation noted above and will abide by the stipulations set forth. I also understand my responsibilities in insuring that others observe the policy and responsibilities outlined above.

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Signature of Participant

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Date