OTHER (NON-F1) STUDENT APPLICATION

When would you like to begin? (Check one session.) Year 20____

Fall 1 ____  Fall 2 ____  Spring 1 ____  Spring 2 ____  Summer ____
(August – October)  (October – December)  (January – March)  (March – May)  (June – July)

Which classes will you take? (please circle)
Reading/Writing  Grammar  Listening/Speaking  Pronunciation  Other ________________

Please print neatly or type the following information:

Family Name ___________________________________________ First Name ____________________________________________

Local Address _______________________________________________________________________________________________

City __________________________________________________________________ State _______ Zip Code _________________

Telephone Number ______________________________________ Email ________________________________________________

Date of Birth: (month) ________/ (day) ________/ (year) __________ Sex: Male _____ Female _____  Au Pair? Yes ____  No ____

Home Country ___________________________________________ First Language _______________________________________

Type of Visa ___________________________________________ Visa Expiration Date _______________________________________

Highest Level of Education Completed:  High School _____ University Undergraduate _____ University Graduate _____ Other_______

Primary Contact
(By including this information, you are giving IEl permission to communicate with the person(s) listed regarding all issues surrounding your IEl experience, including, but not limited to, account, academic, immigration, conduct, health, and safety information.)

Name _________________________________________________Relationship to you (parent, etc.)__________________________

Telephone Number ____________________________________ Email _________________________________________________

Address ___________________________________________________________________________________________________

Au Pair Organization_______________________________________ Telephone Number___________________________________

Do we have permission to talk to a representative from this organization about you and your classes?  Yes ____  No ______

Certification Statement
I hereby certify that the above information is correct and that I will abide by the regulations for students in the Intensive English for Internationals program at The University of Memphis.

Applicant Signature _______________________________________________________________ Date ________________________

Parent Signature _________________________________________________________________ Date ________________________

(Parent signature is required if student is less than 18 years of age.)
Instructions and Information for Other (Non-F1) Students

Information for applicants already in the U.S.A. - NOT for F1 (student) visa applicants

The following materials must be brought to the IEI office when applying:

- Completed, signed Non F-1 Application Form
- Application fee ($25)

Tuition Fees (8-week session)

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Full time</td>
<td>$1850</td>
</tr>
<tr>
<td>All morning classes</td>
<td>$1210</td>
</tr>
<tr>
<td>Reading/Writing</td>
<td>$725</td>
</tr>
<tr>
<td>Grammar</td>
<td>$485</td>
</tr>
<tr>
<td>All afternoon classes</td>
<td>$640</td>
</tr>
<tr>
<td>Listening/Speaking</td>
<td>$320</td>
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<tr>
<td>Module</td>
<td>$320</td>
</tr>
</tbody>
</table>

University Fees (per 16-week semester; required for all daytime intensive program students)

- One Afternoon class only: $136
- All other classes, single or combined: $209

Tuition and activity fees must be paid by the deadline prior to placement testing.

Non F-1 students may study part-time, but they must consult with the Director to determine their classes. F-2 students must be part-time.

The IEI Office
The IEI office is located on the second floor of the Panhellenic Building on the main UM campus in room 205. The Panhellenic Building is next to the FedEx Institute of Technology building at the intersection of Patterson Street and Veterans Avenue. (GPS address: 384 Patterson Street)

Parking
Students driving to the university should get a Continuing Education parking tag from the IEI Office. The cost is $14 for each 16-week semester or summer session. This tag allows students to park in the General Parking lots on Central Ave. and on Southern Ave.

Attendance
IEI has an attendance policy. Students are allowed to miss no more than 10% of their classes in a session. Students with excessive absences will be put on probation and could be asked to withdraw from the program for that session. If you know that you will have attendance problems due to work schedules, travel or other circumstances, please discuss this with the IEI office before registering for classes. Students are also required to purchase all books before the first Monday of classes. Students without books will not be allowed to attend class.

6/1/2017
Please complete both pages in ink, and sign the Permission to Treat. Minors must have the Permission to Treat signed by parent/guardian. Note: This is a confidential record of your medical history and will be kept in this office. Information contained here will not be released to any person without your written authorization, except as required by law, subpoena or court order.

Name ____________________________ Sex (Check one.) □ Male □ Female U # ____________________________

Place of Birth (City, State, Country) ____________________________ Age __________ Date of Birth ____________________________

Permanent Address (Street, City, State, Zip) ____________________________

Local Address (Street, City, State, Zip) ____________________________

Cell Phone ____________________________ Home Phone ____________________________ Work Phone ____________________________

Email ____________________________ Classification □ Student □ Faculty/Staff □ Visitor

Emergency Notification Name ____________________________ Relationship to you ____________________________

Cell Phone ____________________________ Home Phone ____________________________ Work Phone ____________________________

Check here if you or any blood relative has had any of the following:

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>You</th>
<th>Relative/Relationship</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or Drug Abuse</td>
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<tr>
<td>Allergies or Hay Fever</td>
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<tr>
<td>Anemia or Blood Disease</td>
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<tr>
<td>Asthma</td>
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<td>Cancer</td>
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<td>Diabetes</td>
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<td>Epilepsy</td>
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<td>Hearing Loss</td>
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<td>Heart Disease</td>
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<td>High Blood Pressure</td>
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<td>Infectious Disease</td>
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<td>Kidney Disease</td>
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<td>Mental or Emotional Disorder</td>
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<td>Physical Disability</td>
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<tr>
<td>Rheumatoid Arthritis</td>
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<td>Stroke</td>
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<tr>
<td>Suicide or Attempt</td>
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<tr>
<td>Ulcer</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Prior surgeries and dates ____________________________________________

Prior major injuries and dates ____________________________________________

Prior infectious diseases and dates (includes childhood diseases, Mono, TB, HIV, Hepatitis and Sexually Transmitted Infections) ____________________________________________

________________________________________
________________________________________
________________________________________
List all medications you take routinely (include prescriptions, over-the-counter medicines, diet pills, inhalers, allergy shots, vitamins, supplements and birth control pills, shots or implants) __________________________________________________________

________________________________________________________

List all allergies you have including drug and non-drug allergies

Allergies (such as latex, nuts, bites or stings, etc.)

Type of Reaction (rash, hives, swelling, etc.)

________________________________________________________

________________________________________________________

Do you use tobacco? □ Yes □ No What form? ______________________ Usage per day? ______________________

Former smokers: How many cigarettes/day? _____ For how long? ______ How long ago did you quit? ______________________

Do you use alcohol (includes beer)? □ Yes □ No How often? _________________ Usage per occasion? ____________

Do you use drugs? □ Yes □ No What form? ______________________ How often? ______________________

Have you ever been treated for alcohol and/or drug abuse? __________________________________________________________

Permission to Treat

Permission is hereby granted to the Student Health Services healthcare providers and staff to proceed with any needed emergency and/or non-emergency treatment, examinations, immunizations and medical tests should medical or surgical attention be necessary while the student is enrolled at the University of Memphis. I understand that under certain circumstances, transportation to an area hospital for diagnosis, treatment and possible hospital admission may be necessary. I also understand that the expenses incurred for medical care beyond that which is provided within Student Health Services are my responsibility.

In addition, if the student is a Minor, in the event of serious illness or significant accidental injury, an attempt will be made by Student Health Services staff to contact a parent or legal guardian in the most expeditious manner possible. If said staff is unable to communicate with a parent or legal guardian, the treatment for the best interest of the Minor may be given. I (parent or legal guardian) further give Student Health Services staff permission to contact my son’s/daughter’s primary healthcare provider regarding past medical and medication history, if necessary.

Signature of Student ____________________________ Signature of Parent/Guardian ____________________________ (If student is under 18)

Date ____________________________ Date ____________________________

Emergency Contact Information

Name ____________________________ Name ____________________________

Address ____________________________ Address ____________________________

City, State, Zip ____________________________ City, State, Zip ____________________________

Home Phone ____________________________ Home Phone ____________________________

Work Phone ____________________________ Work Phone ____________________________

Cell Phone ____________________________ Cell Phone ____________________________