



Intensive English
for Internationals

Official Use

SID _____

OTHER (NON-F1) STUDENT APPLICATION

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

Fall 1 _____
(August – October)

Fall 2 _____
(October – December)

Spring 1 _____
(January – March)

Spring 2 _____
(March – May)

Summer _____
(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 IEI permission to communicate with the person(s) listed regarding all issues surrounding your IEI 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)

	Summer 2016	Fall 2016
Full time	\$1650	\$1850
All morning classes	\$1076	\$1210
Reading/Writing	\$646	\$725
Grammar	\$430	\$485
All afternoon classes	\$574	\$640
Listening/Speaking	\$287	\$320
Module	\$287	\$320

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 first floor of Newport Hall in room 102. Newport Hall is located at 610 Goodman Street on the University of Memphis main campus.

Parking

Students driving to the university should get a Continuing Education parking tag from the University Parking 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.

5/6/2016

STUDENT HEALTH SERVICES
 HEALTH HISTORY FORM

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:

	You	Relative/Relationship	Remarks
Alcohol or Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies or Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia or Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Mental or Emotional Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide or Attempt	<input type="checkbox"/>	<input type="checkbox"/>	
Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____