

Programs Abroad Application—***City University of Hong Kong***
Office of International Services
University of Arkansas at Little Rock
Stabler Hall 105
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Little Rock, AR 72204

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Application Deadlines

Fall 2009: March 14, 2009

Spring 2010: Oct. 15, 2009

UALR Office of International Services

Programs Abroad *Application Packet*

IMPORTANT INSTRUCTIONS

Welcome! Travel and study abroad are richly rewarding experiences, and are essential ingredients of your overall education at the University of Arkansas at Little Rock. If you have any questions about this application packet, please contact the Coordinator of Programs Abroad, Heather Binder, at hxbinder@ualr.edu or (501) 683-7566. Thank you

This application packet consists of the following:

- Student Information
- City University of Hong Kong Application Checklist
- City University of Hong Kong Exchange Application
- City University of Hong Kong Housing Application
- City University Course Selection Form
- Release Form
- Release and Waiver of Liability and Assumption of Risk
- Programs Abroad Participant Contract
- Academic Recommendation

To be submitted after your acceptance:

- Medical Self-Assessment

In addition to submitting a completed application packet, you'll need to do the following:

1. Pay a non-refundable application fee of \$100.00 (*make checks to: UALR Programs Abroad/OIS*).
2. Bring **all applications and documents** listed on the "Checklist" to OIS by application deadline
3. Purchase an International Student Identity Card (ISIC)¹.
4. Submit **3 Passport Photos** along with your application.
5. Apply for your passport **well in advance**—it will take at least 3 months to have it processed and mailed back to you. Bring a **copy of your passport** to the Office of International Services (Passport application and information is available at: http://travel.state.gov/passport/passport_1738.html).
Do not return the passport application to the Office of International Services. After you receive your passport, bring it to OIS to have it photocopied for your file.
6. Fill out your Student Visa application-- ID(E) 936, which can be found at: [http://www.immd.gov.hk/pdforms/id\(e\)936.pdf](http://www.immd.gov.hk/pdforms/id(e)936.pdf) Complete sections A, B, E, K and L
7. Provide a copy of your travel information/itinerary after you purchase your tickets.

¹ This card may be purchased online at www.myisic.com for \$25.00, or in the Office of International Services for \$30.00. If ISIC card is purchased at OIS, you will need to provide an **additional** passport photo, and have a photo ID to verify identity.

Student Information

Please provide the following information:

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID (T#): _____

Date of Birth (mm/dd/yy): _____

Current Mailing Address:

Street Address: _____

Street Address 2: _____

City: _____

Zip Code: _____

Permanent Mailing Address (if different from current mailing address):

Street Address: _____

Street Address 2: _____

City: _____

Zip Code: _____

Home Phone: (____)-_____

Cell Phone (____)-_____

Email: _____

In Case of Emergency: Please provide the following information for someone close to you that we can contact in case of an emergency.

Last Name: _____ First Name: _____

Mailing Address:

Street Address: _____

Street Address 2: _____

City: _____

Zip Code: _____

Home Phone: (____)-_____

Cell Phone (____)-_____

Email: _____

Relationship to you: _____

Declared Major(s): _____

Declared Minor(s): _____

I am currently a (Sophomore, Junior, etc): _____

Anticipated graduation date: _____

Are you a Donaghey Scholar?: yes no

Transcript: You are not required to submit an official transcript if you are a UALR student--your signed application authorizes OIS to obtain your academic record. If you are not a UALR student, please arrange to have an official transcript mailed directly to the Office of International Services.

Past Experience Abroad:

Have you ever traveled outside of the United States? yes no
If you answered yes, where did you go, for how long and for what purpose?

Do you have a passport that will be valid at least 7 months beyond the end date of your program?
yes no

What country issued (or will issue) your passport? (Ex: USA) _____

Please list the Program you are applying for:

Language(s) previously studied:

Have you studied a foreign language? yes no

If yes, please specify:

Language (or languages) studied: _____

Years of High School study: _____

Semesters of College study: _____

Please list your last completed course (Ex: SPAN 3301): _____

Applicant's Signature _____ *Date* _____

Checklist—City University of Hong Kong

- _____ 3 Passport Photos *
- _____ City U Student Exchange Program Application (*affix 1 of your 3 Passport Photos)
- _____ A short Essay (1-2 pages) describing why you want to participate in the Student Exchange Program, and how the Program may help your study and your future career.
- _____ Course Selection form
- _____ Academic Transcript
- _____ Visa Application Form (*affix 1 of your 3 Passport Photos)
- _____ Photocopy of Passport
- _____ City U Visa Application Page
- _____ A copy of your bank statement, your savings accounts passbooks [for example: a letter from your bank (or financial institution) stating your current balance], tax receipts and employment certificates.

OR

a copy of your Financial Sponsor's bank statement, your Financial Sponsor's savings accounts passbooks [for example: a letter from the bank (or financial institution) stating your Financial Sponsor's current balance], tax receipts and employment certificates.
- _____ Declaration by Financial Sponsor
- _____ Photocopy of High School Diploma
- _____ Application for Student Residence (*affix 1 of your 3 Passport Photos)



Application for Student Residence 2009-10
(For Non-local Undergraduate, Exchange & Visiting Students)

Important Notes:

- 1) **For Full-time Non-local and Exchange Students:**
A hall place will be reserved for you upon receipt of the application before the deadline specified in Item 3.
- 2) **For Full-time Visiting Students:**
Application approval is subject to room availability after all applications from the eligible groups have been processed at all times. Due to a great demand in hall places, it is very unlikely that bed spaces can be offered to visiting students. You must make your own accommodation arrangement before arrival.
- 3) **Application forms should reach Student Residence Office at least 7 weeks before the commencement date of the housing term (i.e. 22 June 2009 for Semester A and 9 November 2009 for Semester B). There is no guarantee that bed spaces can be granted to late applicants.**
- 4) **Please check your application status on SRO website:** http://www.cityu.edu.hk/sro/app/main_02_2.htm

Part I (To be completed by the applicant in BLOCK LETTER)

Section A Personal Particulars (*please tick as appropriate*)

Name: (English) _____ (Chinese, if any) _____
(Surname) (First name)

Home University, please specify if you are an Exchange Student: _____

Status: Incoming Exchange Student Non-local Student Visiting Student

Level: Bachelor Degree Associate Degree

College/Department/School/Division: _____ Gender: Male Female

Nationality: _____ Passport No./Travel Document No.: _____

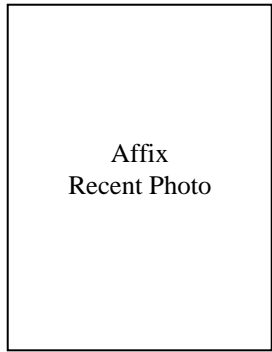
Home Telephone No.: _____ Email: _____
(please specify country/area code)

Home Address: _____

Emergency Contact (This part must be completed with the information of your parent/family.)

Contact Person: _____ Relationship: _____

Contact Number: _____ (please specify country/area code)



Section B Application Details

Please note that while taking into account of your requested room type and period of stay specified below, the Student Residence Office may allocate rooms at its discretion based on the availability of rooms / or other considerations.

1. Room Preference

In principle, all undergraduate students will be assigned to double rooms in one of the undergraduate halls at Cornwall Street. A small number of single rooms will be first assigned to those who have special needs or medical reasons with supporting documents enclosed with this completed application. You can indicate your choice of room by putting 1st, 2nd, 3rd or N/A if applicable.

<u>Choice</u>	<u>Type of Room</u>	<u>Link for Room Layout</u>	<u>Residence Fees (per person)</u>
_____	Single Room	http://www.cityu.edu.hk/sro/htm/e_facilities_hall1.htm	\$7,260 per semester
_____	Double Room	http://www.cityu.edu.hk/sro/htm/e_facilities_hall1.htm	\$4,840 per semester
_____	1-Bedroom Apartment (housing 3 persons)	http://www.cityu.edu.hk/sro/htm/e_facilities_hall1.htm	\$6,450 per semester

If you have any medical or special reasons for a single room, please specify and attach a written documentary proof (e.g. medical certificate) with this application form. (The documentary proof must be written in English or Chinese.)

2. Special Needs

If you have any physical disability that may affect your living environment needs, please specify and attach any supporting documents with this application form. (The documentary proof must be written in English or Chinese.)

3. Residence Period (1 week before semester starts till 1 week after examination ends)

- Housing Year: 24 August 2009 – 22 May 2010
 Housing Term A: 24 August 2009 – 28 December 2009
 Housing Term B: 4 January 2010 – 22 May 2010
 Please specify if it is different from the above: From _____ to _____ (dd/mm/yyyy)

(The specified residence period is subject to approval in connection with hall admission policies and room availability.)

* The residence period for exchange students is confined to the exchange term as agreed by City University of Hong Kong and the home university.

Section C Declaration

- I confirm that the information provided in Sections A-B is true and accurate, and I understand that submission of false information may lead to immediate disqualification of the application.
- I should undertake to comply with the "[Regulations Governing Student Residence](http://www.cityu.edu.hk/sro/htm/e_policies_regulations.htm)" (http://www.cityu.edu.hk/sro/htm/e_policies_regulations.htm), the fees and payment policies, and any hall rules stipulated by the respective Residence Master.

Signature of Applicant

Date

Part II (To be completed by College / Host Department of City University of Hong Kong)

- The above student is an incoming exchange / non-local /visiting student and his / her application for admission is accepted by our College/Host Department/University.

Exchange Term: Semester A Semester B

Residence Fees: at student's own cost

from University/Department's funding, please specify the Account No.: _____

Contact Person: _____ Post: _____

Department: _____ Tel No.: _____

Name and Signature of Department Head or his / her representative

Date

Part III (To be completed by Student Residence Office)

Application results Accepted On waiting list Not accepted

Room allocated: Hall 1/2/3/4/5/6/7/9 Room _____

March 2009



香港城市大學
City University
of Hong Kong

CITY UNIVERSITY OF HONG KONG
FACULTY OF BUSINESS



To: Ms Anita Chan
Faculty of Business
City University of Hong Kong
Tat Chee Avenue
Kowloon Tong, Kowloon
Hong Kong
Fax: (852) 2788 7182
e-mail: anita.chan@cityu.edu.hk

Course Selection for Exchange Student

<http://www.fb.cityu.edu.hk/exchange/incoming>

Surname: _____ First Name: _____

Home University: _____ Year of Study in Home University: _____

Programme of Study in Home University: _____

Apply for Semester: A [Please ✓ as appropriate] Academic Year: _____
B

Choice No	Course Code	Course Title	Pre-requisite* [if applicable]
1			
2			
3			
4			
5			
6			
7			
8			

Remark: * Please write down the course which you have completed in your home university as the entry requirement for your choice of course in CityU

* Exchange students should choose courses under BBA course list, please refer to <http://www.fb.cityu.edu.hk/bba/home/>, under BBA Programmes

* Students should take 12 to 18 credit units per semester

RELEASE FORM
Programs Abroad

Release executed by:

NAME _____
ADDRESS _____

In consideration of being permitted to participate under UALR auspices in a program sponsored by UALR in _____ (fill in country), I, the undersigned, in full recognition of the risks and hazards inherent in living and studying in a foreign country to which I may be exposed during my participation in the program between _____ and _____, 20____, or any independent research or activities undertaken as an adjunct thereto, and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all of its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury or death which may result from my participation and which result from causes beyond the control of and without the fault or negligence of the University of Arkansas at Little Rock, its officers, agents or employees, during the period of my participation as aforesaid. In witness whereof, I have caused this release to be executed this _____ day of _____.

Signature

Printed name

Co-signature of parent or guardian if student is under eighteen years of age

Printed name of parent or guardian

The UALR Office of International Services reserves the right to cancel, postpone, or change aspects of any or all programs abroad for reasons deemed necessary by said office (including price) should significant changes in the world situation occur.

Release and Waiver of Liability and Assumption of Risk Programs Abroad

UALR Programs Abroad Program: _____ **Program Dates** _____

I am aware of the unstable world conditions which might require changes in the program schedule or might cause inconvenience or even harm to me as it might to other travelers who go abroad, including but not limited to the hazards of various modes of transportation, forces of nature, acts or omissions of foreign governments, terrorism, war and insurrection and illness.

In consideration of permission granted by the University of Arkansas at Little Rock to participate in the above program, I hereby assume the risk of inconvenience and harm and release the State of Arkansas, the University of Arkansas Board of Trustees and the University of Arkansas at Little Rock, as well as the agents, employees, and members of the aforementioned from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries or death known and unknown which I have or may incur by participation in the above stated program and for all damages to my property.

By registering to participate in this program, I certify that I am physically, mentally, and emotionally capable of full participation. I realize that I am responsible for any injuries to persons or property that may be incurred as a result of my participation in this program.

UALR has the authority to establish rules of conduct necessary for the operation of the program during the entire periods of the program, including free time. The use of illegal drugs during the entire period of the programs is strictly prohibited. Should any official representative of UALR decide that a participant must be separated from the program because of a violation of stated rules, for disruptive behavior, or for any conduct that might bring the program to disrepute or its participants into legal jeopardy, that decision will be final pending due process as described by the UALR Student Handbook. **Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf.**

The undersigned acknowledges and understands that in the event he/she becomes detached from the group, fails to meet a departure bus or train, or becomes sick or injured, the undersigned will bear all financial responsibility to seek our contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

I expressly agree that the foregoing Release and Waiver of Liability and Assumption of Risk is intended to be as broad and inclusive as is permitted by Arkansas law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that the University of Arkansas at Little Rock requires that I demonstrate that I have adequate medical insurance for illness or accidental injury valid outside the U.S. in consideration of UALR's approval of my travel.

I, the undersigned, am at least 18 years of age. I have read this Release and Waiver of Liability and Assumption of Risk as well as the terms and conditions of application and participant as set forth in the UALR Student Handbook, UALR Program Abroad brochure and understand all of its terms and recognize and accept any risk associated with the program and its conditions, including the refund policy as set forth in the UALR Study Abroad Application.

IN WITNESS WHEREOF I have executed this Agreement on the day and year first written below.

Participant's Signature

Date

Student ID Number

Insurance Company

Policy Number

Participant Contract Programs Abroad

1. As a UALR program abroad participant, I understand that possession of basic health and accident insurance-valid outside the U.S. is a requirement for participation. I agree to demonstrate proof of such coverage to the UALR Office of International Services. _____
(initial)
2. All UALR program abroad participants must conduct themselves in a manner that shows respect and consideration for their host country. Any member of a study abroad program whose behavior is deemed detrimental to the functioning of the program or offensive to the host culture will be subject to dismissal. Disruptive conduct or inappropriate sexual behavior similarly merits dismissal. _____ **(initial)**
3. Students expecting to earn UALR credit must maintain the same standard of academic work as would be required on the home campus. Students are responsible for arriving on time for classes, required meeting, cultural excursions and for following the program schedule set forth by the UALR program abroad coordinator or accompanying instructor. _____ **(initial)**
4. UALR program abroad students agree to show courtesy and respect to their fellow group members, their instructors, and host institution. Students will not disrupt others who are sharing housing accommodations during the program. _____ **(initial)**
5. Students understand that the program itinerary/schedule is subject to change at the final decision of UALR or its partner host institution. Due to insurance regulations, only those students officially enrolled in the UALR study abroad program may participate in organized site visits or cultural excursions. _____ **(initial)**
6. Students who travel independently during free time while participating in a UALR-sponsored program are required to notify the UALR Program Abroad Coordinator and Instructor of their whereabouts, and give the names of persons with whom they are traveling. Students assume responsibility for their personal safety and conduct when engaging in non-UALR organized travel and/or activities, and release UALR and any agent acting in its behalf from any liability. _____ **(initial)**
7. Students should understand that services taken for granted in the U.S. (such as telecommunications) might be more difficult to access when abroad. It is also understood that citizens of other countries are strongly committed to the concept of energy conservation. The cost of electricity abroad is extremely high. Students agree to use electrical appliances with discretion and hot water sparingly. Air conditioning should not be expected. _____
(initial)
8. Your in-country program host will try to accommodate special requirements (such as vegetarian meals); however, the ability to meet such requirements or provide special services as at home may not be possible. Students agree to make an effort to adapt to the host culture and customs as much as possible. _____ **(initial)**

9. In other countries, the sale of wines, liquor, and other alcoholic beverages may not be restricted. Students are expected to exercise personal responsibility and limit their use of alcoholic beverages. _____ **(initial)**

10. The use of, possession, or commerce in illegal drugs of any form is in violation of the rules of the program and a violation of the laws of the host country. Program participants found with any illegal substances will be immediately dismissed from the program and are subject to the laws of the host country, host institution, the United States Federal Laws, the State of Arkansas and the University of Arkansas at Little Rock. _____ **(initial)**

11. UALR study abroad programs involve a full schedule requiring students to maintain an active pace. By signing this agreement, students attest to the fact that they are in good physical/mental health and capable of adapting to the rigors of traveling in a foreign environment. _____ **(initial)**

12. Students understand that they are responsible for any and all costs arising out of withdrawing from the program before its completion, including withdrawing caused by illness or disciplinary action. Once the deposit and/or any successive payments have been made, no refunds are guaranteed if a student withdraws prior to departure. No refunds are possible if a student withdraws after the program has begun. Early withdraw or dismissal may result in academic penalty. _____ **(initial)**

I understand that as a UALR student, I will be viewed as a representative of my country and my university. I agree to abide by the above stated rules of participation and conduct.

Printed Name

Program Abroad Location

Student Signature

Date

Student ID Number

Academic Recommendation
Programs Abroad

Instructions: Please fill out the top portion of this form and ask an instructor or professor that you have taken a course from during the last academic year to fill out the bottom portion of the form.

To be filled out by the student:

Applicant's Name: _____ Study Abroad Program in _____
Name of Reference: _____ Title: _____

To be filled out by instructor/professor: (please use additional page if needed)

. This recommendation is prepared with the understanding that my comments will/will not (circle one) be held in confidence.

How long and in what context have you known the applicant?

3. Please comment on the applicant's motivation, emotional maturity, stability, self-reliance, and whatever other qualities you believe are significant in evaluating her/his likelihood of success in a study abroad program. If you are familiar with the applicant's academic record, please feel free to comment on it as well:

MEDICAL SELF-ASSESSMENT

Programs Abroad

Confidentiality Statement: *All information provided will be held in confidence and will not be released to any individual who is not associated with the Office of International Services.*

This medical self-assessment is optional; however, it is mandatory that participants sign in order to release UALR and any agent acting in its behalf from liability.

1. General State of Health: ____ Excellent ____ Good ____ Fair ____ Poor

2. Do you have any specific physical and/or mental condition or general health concerns that might limit your activity? If so, please describe these:

3. Do you require any regulated medications? If so, please explain. Do you have a sufficient supply for the entire trip?

4. Have you been in good health during the past 12 months?

5. In case of an emergency, we need to know how to help you. Are there any other precautions or requirements that the programs abroad coordinator should know about?

6. Person to contact in the event of a medical emergency?

Name _____ (Relationship) _____

Address of Contact _____

Home Phone of Contact _____

Work Phone of Contact _____

By signing this document, participants release UALR and any agent acting on its behalf from liability. Any failure by the participant to disclose any potentially serious medical (physical and/or mental) condition to the Office of International Services hereby releases the University of Arkansas at Little Rock and any agents acting in behalf of the University of Arkansas System.

Participant Signature _____ Date _____

Name of Program Abroad _____ Dates of Program _____