



International Professional Development Application for Admission

Please complete all pages of this application in English. Mail this form, a copy of your resume, the statement of Financial Responsibility, and \$75 (USD) non-refundable processing fee to:

Program for International Professional Development (IPD)
University of Nebraska at Omaha
6001 Dodge St.

Omaha, Nebraska 68182-0492 U.S.A.

Fax: (402) 554-2949

Telephone: (402) 554-2293

Email: unoipd@unomaha.edu

Website: <http://world.unomaha.edu/ipd>

Please indicate all sessions and elective courses you plan to attend. Consult the IPD brochure or website for more detailed information on the elective courses which are available at an additional cost.

2014-2015 Sessions:

Session 1 (24 August-16 October 2015)

Session 2 (19 October-11 December 2015)

Session 3 (11 January-4 March 2016)

Session 4 (7 March-29 April 2016)

Session 5 (2 May-24 June 2016)

Elective Courses:

One-on-One meetings

Undergraduate/Graduate Class Audits

Private language lessons

Personal Information

Mr. Ms. Dr.

Name: _____
(Family) (First)

Present Address: _____
(Street) (City) (Postal Code) (Country)

Permanent Address: _____
(Street) (City) (Postal Code) (Country)

Telephone: _____ E-mail: _____

Date of birth: _____ Age: _____ Gender: Male Female Marital status: Married Single
(Day/month/year)

Birthplace (City, State, and Country): _____ Country of Citizenship: _____

Passport Number: _____ *Please send a copy of your passport with the application.*

Emergency contact person: _____
(Name) (Relationship)

(Address) (Telephone)

Will you bring spouse and/or children? Yes No

If you intend to be accompanied by spouse and/or children who will need to be included on your I-20 (immigration document), please give their full name(s) and date(s) and place(s) of birth on another sheet of paper and enclose this information with your application.

Transfer Information

Are you transferring from another program or University to IPD?

No Yes – From which school? Please name: _____

Are you planning on transferring to another program or University upon completion of IPD?

No Yes – To which school? Please name: _____

Educational Information

List all colleges and universities you have attended. Attach a separate sheet if necessary.

| | | | |
|--------|--------|--------|--------|
| (Name) | (Date) | (Name) | (Date) |
| (Name) | (Date) | (Name) | (Date) |

What is the highest degree you have attained? _____ Major: _____

Have you ever lived or studied abroad? Yes No

If yes, please provide details: _____
(Purpose) (Country) (Length of time)

English Proficiency Information

Participants in the IPD Program should have a TOIEC score of 600, a TOEFL score of 450 (paper) or 50 (IBT), or an IELTS score of 5.5 to enter. Participants may be tested upon arrival to determine if additional English study is required. If it is necessary, participants will be required to take general English language courses offered through the University's English as a Second Language program. Enrollment in these classes will be required until adequate language proficiency is attained.

Please indicate any standardized English assessment exams you have taken and list the scores.

- TOEFL Date taken: _____ Total Score: _____
- TOEIC Date taken: _____ Total Score: _____ Reading score _____ Listening score _____
- Other: _____ Date taken _____ Score _____

Please submit a copy of your test results with the application.

Have you ever taken any English programs or courses before? No Yes If yes, please complete:

| | | |
|---------------|------------|------------------|
| (School name) | (Location) | (Length of time) |
|---------------|------------|------------------|

Have you ever taken any self-study English program? No Yes If yes, please complete:

| | | |
|-----------|-------------|------------------|
| (Purpose) | (Materials) | (Length of time) |
|-----------|-------------|------------------|

Employer Information

Present Employer: _____ Industry: _____

Employer Address: _____
(Street) (City) (Postal Code) (Country)

Describe your company and its products, services and corporate goals.

What is your job title and department?

What are your current and future job responsibilities?

Name of person responsible for sponsoring you: _____

Length of time with present employer: _____

A resume documenting work history is required to be submitted with this application.

Current Professional English Usage _____

How often do you use English at work?

- Everyday Several times a week Once a month Never Other: _____

Please indicate how you use English by checking the boxes below. If checking more than one box, please number them in the order of importance by writing in the line following the statement.

- | | |
|--|---|
| <input type="checkbox"/> Write reports and documents _____ | <input type="checkbox"/> Make or receive calls _____ |
| <input type="checkbox"/> Listen to and give presentations _____ | <input type="checkbox"/> Negotiations _____ |
| <input type="checkbox"/> Participate in meetings _____ | <input type="checkbox"/> Read and write emails _____ |
| <input type="checkbox"/> Speak with colleagues and clients _____ | <input type="checkbox"/> Travel overseas on business _____ |
| <input type="checkbox"/> Write letters or faxes _____ | <input type="checkbox"/> Guide and entertain visitors _____ |
- Other: _____

Which of the above areas do you find difficult and why?

Have you used English professionally with other non-native speakers of English?

IPD Goals and Objectives _____

Why are you taking IPD?

What are the goals or objectives you would like to achieve in IPD?

What are your supervisor's or company's goals for you during this program?

We'd like to learn which professional skills and topics interest you most. Please check the box and if checking more than one, please number in order of importance.

Professional Skills

- | | | |
|--|---|---|
| <input type="checkbox"/> Presentations _____ | <input type="checkbox"/> Documents & Reports _____ | <input type="checkbox"/> Meetings _____ |
| <input type="checkbox"/> Negotiations _____ | <input type="checkbox"/> Emails _____ | <input type="checkbox"/> Letters _____ |
| <input type="checkbox"/> Telephone conversations _____ | <input type="checkbox"/> Social conversations _____ | |
| <input type="checkbox"/> Business entertaining _____ | | |

Professional Topics

- | | | |
|--|--|--|
| <input type="checkbox"/> Human Resources _____ | <input type="checkbox"/> Production _____ | <input type="checkbox"/> Travel _____ |
| <input type="checkbox"/> Management _____ | <input type="checkbox"/> Engineering _____ | <input type="checkbox"/> Trade _____ |
| <input type="checkbox"/> Marketing _____ | <input type="checkbox"/> Technology _____ | <input type="checkbox"/> Education _____ |
| <input type="checkbox"/> Finance _____ | <input type="checkbox"/> Leadership _____ | Other: _____ |

One-on-One Meetings (Elective)

For One-on-One meetings and /or other customized classes, please choose the industry sector and category of business in which you have an interest. Please check the box and list your top three choices on the lines below.

Industry Sector

- | | | |
|---|--|---|
| <input type="checkbox"/> Chemical _____ | <input type="checkbox"/> Construction _____ | <input type="checkbox"/> Energy _____ |
| <input type="checkbox"/> Finance _____ | <input type="checkbox"/> Health care _____ | <input type="checkbox"/> Hospitality _____ |
| <input type="checkbox"/> Mass Media _____ | <input type="checkbox"/> Manufacturing _____ | <input type="checkbox"/> Public service _____ |
| <input type="checkbox"/> Transportation _____ | <input type="checkbox"/> Technology _____ | <input type="checkbox"/> Telecommunications _____ |
| <input type="checkbox"/> Education _____ | Other: _____ | |

Category of Business

- | | | |
|--|---|--|
| <input type="checkbox"/> Human Resources _____ | <input type="checkbox"/> Banking _____ | <input type="checkbox"/> Corporate Finance _____ |
| <input type="checkbox"/> Strategic Planning _____ | <input type="checkbox"/> Legal _____ | <input type="checkbox"/> Communications _____ |
| <input type="checkbox"/> Material Management _____ | <input type="checkbox"/> Sales _____ | <input type="checkbox"/> Distribution /Warehousing _____ |
| <input type="checkbox"/> Quality Management _____ | <input type="checkbox"/> Marketing _____ | <input type="checkbox"/> Manufacturing _____ |
| <input type="checkbox"/> International Trade _____ | <input type="checkbox"/> Technology _____ | <input type="checkbox"/> Electric Power _____ |
| <input type="checkbox"/> R&D _____ | <input type="checkbox"/> IS or IT _____ | Other: _____ |

First Choice: _____

Second Choice: _____

Third Choice: _____

How did you hear about the IPD program? Internet Friend Relative Company

Other (please specify) _____

Health Insurance

All international participants in educational programming at the University of Nebraska at Omaha are required by law to be covered by adequate health insurance. Upon your arrival, you will be required to purchase special student health insurance at an approximate cost of \$286 per eight (8) week session.

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to the University of Nebraska at Omaha to release my academic record/transcript information to my sponsor/employer if requested.

In addition, I grant permission for examination and/or treatment at an appropriate medical center and for necessary referrals to other physicians and facilities. I also grant permission for release of information regarding my health to appropriate medical professionals.

Applicant Signature: _____ **Date:** _____

*Tuition and fees must be paid in full before classes begin and are not refundable.
Tuition and fees are subject to change without notice.*

IPD Financial Affidavit

All applicants must submit a completed financial affidavit and supporting bank document before the University can issue an I-20 or DS-2019.

Section 1. Student Information

Student's Name: _____
Last/Family
First
Middle

Section 2. Statement of Financial Support

You must send IPD an original bank statement. This statement must show at least \$5,900 in funds for each eight (8) week session.

Please list the sources and amounts (in U.S. dollars) of your financial support for each year during your studies at UNO:

A. Student's Personal Funds\$ _____
Indicate amount of support, sign Section 3A, and provide supporting bank document

B. Funds from Family or Others\$ _____
 Name of sponsor _____ Relationship to student _____
Indicate amount of support, have your sponsor(s) sign Section 3B, and provide supporting bank document

C. Funds from another source (scholarships from government agency, private foundation employer or other agency) \$ _____
 Name of agency _____
Indicate amount and attach a signed letter from the agency which specifies the amount of funding.

TOTAL (MUST EQUAL AT LEAST \$5,900) \$ _____

Section 3. Verification of Financial Support

A. I, _____, (Student's Name) certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission.

 Student's Signature (REQUIRED) Month/Day/Year

B. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the student for the purpose of full-time study at the University of Nebraska at Omaha and that I (we) are submitting bank documents indicating the availability of these funds. We agree to maintain financial support in covering tuition and living expenses.

1. _____
Sponsor's Signature
Month/Day/Year
Relationship to Student

Address
City, Country
Postal code
Telephone number

2. _____
Sponsor's Signature
Month/Day/Year
Relationship to Student

Address
City, Country
Postal code
Telephone number

C. Please submit a statement of financial responsibility affirming that your expenses during your entire period of enrollment in IPD will be covered by you or your sponsor. Use one of the options below.

Options for Statements of Financial Responsibility

1. Employer assumes responsibility for your expenses:

If your employer is assuming responsibility for your expenses while you are enrolled in IPD, please send an original (not a photocopy) signed and dated statement from an authorized representative of your employer (such as your manager).

The following sample phrasing is acceptable for this statement:

To Whom It May Concern:

This is to certify that all necessary expenses incurred by (applicant) while studying at the University of Nebraska at Omaha shall be guaranteed by (financial sponsor). Such necessary expenses shall include, but not be restricted to, transportation to and from the United States, tuition and other school charges, medical expenses and insurance and living expenses.

2. You or your family assumes responsibility for your expenses:

If you or a personal sponsor (such as a family member) are assuming responsibility for your expenses while you are enrolled in IPD, please send an original (not a photocopy) signed, dated and stamped statement in English from a bank or financial institution verifying that there are adequate funds in your account to pay for all the expenses you incur during the entire period of your enrollment in IPD.

Credit Card Payment Form

Trainee Name: _____

Card Type: Visa MasterCard Discover

I authorize the following to be charged to my credit card (check all that applies):

- \$75 IPD Application Fee
- \$45 Express Mail Fee (Required **only** if mailing to an international address – complete form below)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Authorization/Security Code: _____
(The Authorization/Security code is found on back of card, usually in the signature area. Discover, MasterCard, and Visa have a 3-digit number)

Cardholder Name (please print): _____

Cardholder Signature: _____ Date: _____

Daytime Phone: _____

Express Mail Information

Trainee Name: _____ Date: _____

Current Mailing Address: _____

Street

City

Postal Code

Country

Daytime Phone (REQUIRED): _____

E-mail (REQUIRED): _____

Homestay Application and Questionnaire

Trainee Name: _____ Age: _____

Gender: Male Female

Arrival date: _____ Departure date: _____

Do you smoke? Yes No If yes, would you agree to smoke outside? Yes No

Do you drink? Yes No

Will you live in a house with pets? Yes No

Will you live in a house with small children? Yes No

Have you been in a homestay program before? Yes No

If yes: Where? _____ How long was the homestay? _____

Check the below that apply and specify:

Allergies _____

Dietary restrictions _____

Medical problems _____

Require the following medication _____

What are your hobbies or interests? _____

Driving and Licensing

Do you have a driver's license? Yes No If yes, for how many years? _____

If applicable, will your company allow you to drive while you are in the USA? Yes No

Do you intend on driving while attending UNO? Yes No

If you plan to drive, please get an international driver's license before your departure. You are required by law to test for and obtain a Nebraska driver's license within 30 days of your arrival.

Will you need IPD to reserve a car for you? Yes No

I understand that a coordinator will do their best to arrange my host family and car (if requested) but they cannot guarantee to fulfill all of my requests.

Signature: _____

Date: _____