

International Professional Development Application for Admission

Please complete all pages of this application in English.

Program for International Professional Development (IPD)

University of Nebraska at Omaha

6001 Dodge St.

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

Email: unoipd@unomaha.edu

Fax: (402) 554-2949

Telephone: (402) 554-2293

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

Please indicate all sessions and elective courses you plan to attend.

2018-2019 Sessions:

- Session 1 (20 August-12 October 2018)
- Session 2 (15 October-7 December 2018)
- Session 3 (7 January-1 March 2019)
- Session 4 (4 March-26 April 2019)
- Session 5 (29 April-21 June 2019)

Elective Courses (Taken in Addition to the IPD 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): _____ Citizenship: _____

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: _____
Your SEVIS ID Number: _____
Beginning and end dates of program: _____

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

No Yes – To which school? Please name: _____

Visa Information

I am applying as _____

Are you currently in the U.S.? Yes No

If yes, what type of visa do you have? _____

If not an F-1, do you plan to change to F-1? Yes No

Are you a permanent resident or U.S. citizen? Yes No

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 intermediate to advanced English proficiency. Participants will 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: ____ TSST Date taken: _____ Score: ____

TOEIC Date taken: _____ Total Score: ____ Reading score ____ Listening score ____

Other: _____ Date taken _____ Score _____

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"/> Guide and entertain visitors _____ | <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"/> Write reports and documents _____ |
- 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 personally 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.

Business Skills

- Business entertaining _____ Documents & Reports _____ Meetings _____

- Social conversations _____
- Telephone conversations _____
- Emails _____
- Letters _____
- Negotiations _____
- Presentations _____

Business Topics

- Human Resources _____
- Management _____
- Marketing _____
- Finance _____
- Production _____
- Engineering _____
- Technology _____
- Leadership _____
- Travel _____
- Trade _____
- News _____
- Other: _____

One-on-One Meetings

Please indicated as precisely as possible the topics or the area in which you are interested for your One-on-One meetings and / or other elective 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

- Chemical _____
- Finance _____
- Mass Media _____
- Transportation _____
- Other: _____
- Construction _____
- Health care _____
- Manufacturing _____
- Technology _____
- Energy _____
- Hospitality _____
- Public service _____
- Telecommunications _____

Category of Business

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

First Choice: _____

Second Choice: _____

Third Choice: _____

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

Publication (please specify) _____ Other (please specify) _____

Applicant Signature: _____ **Date:** _____

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/transcripts information to my sponsor/employer. I also give permission for the university to use my image and quotes on

the internet and in promotional materials. I understand that this release remains in effect unless I revoke such consent in writing and the revocation is delivered to the institution.

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 covered under UNO student health insurance as part of the program.

Signature: _____ **Date:** _____

Homestay 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: _____

