



# UNIVERSITY APPLICATION

STUDENT NAME: \_\_\_\_\_

PROGRAM: Undergraduate  Transfer  Study Abroad with English (SAWE)   
Postgraduate  ESL

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ BRANCH: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **INTO University Partnerships**

1610 Medical Drive, Suite 305  
Pottstown, Pennsylvania 19464

Tel: 610-718-5594

Fax: 610-718-5595

E: [us.placement@intoglobal.com](mailto:us.placement@intoglobal.com)

[www.intousaffiliates.com](http://www.intousaffiliates.com)

REVISED 31 AUGUST 18

## INSTRUCTIONS FOR COMPLETING THE INTO APPLICATION

1. Please complete the interactive application in English.
2. Please do not forget to provide the appropriate signatures in English where indicated.
3. Please include the following items:
  - An **original transcript or official, attested translated copy if the original is not in English**, of the last 3 years of secondary education for undergraduate study. For transfer students, the secondary school transcript as well as the university transcript is required. For postgraduate study, the 4-year university undergraduate transcript is required.
  - 2 signed letters of recommendation (each in a separate, sealed envelope) from teachers or employers.
  - An official signed or notarized bank statement showing deposits and withdrawals dated within six months of student's anticipated program start date with adequate funds to cover the cost of at least one full academic year of study, inclusive of personal expenses. Graduate applicants submit official bank statements showing adequate funds to cover the cost of the **entire** program, including personal expenses.
  - A copy of the identification page of your passport.
4. Scan one completed application including the required documents and email to:  
**us.placement@intoglobal.com**

### Checklist:

Please check items you are submitting to be sure the application is complete

- Personal Data
- Educational Data
- Language Score and Other Test Reports
- Personal Statement
- Recommendation Letters
- Representative's Recommendation
- Medical Release (with English translation)
- Terms and Conditions (with English translation)
- Official Transcripts
- Copy of Passport ID Page
- Credential Evaluation (where applicable)
- Portfolio (where applicable)
- Resumé (required for postgraduate)
- Copy of valid I-20 and Visa (where applicable)



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# INTO US AFFILIATES

## UNIVERSITY APPLICATION

### PERSONAL DATA

Please list your name below as it appears on your passport.

\_\_\_\_\_

Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Family Name \_\_\_\_\_

Permanent HOME Address \_\_\_\_\_

(Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Nationality \_\_\_\_\_

Birth Date \_\_\_\_\_ Male  Female  Email Address \_\_\_\_\_

Month Day Year WeChat ID \_\_\_\_\_ Skype ID \_\_\_\_\_

Father's Name \_\_\_\_\_ Personal Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Personal Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Personal Phone \_\_\_\_\_

Your intended major is \_\_\_\_\_

The degree you are seeking is \_\_\_\_\_ How many years have you studied English? \_\_\_\_\_

**Programs** to which you are applying:

Undergraduate  Transfer  Postgraduate  English as a Second Language  (Study Abroad with English)  SAWE

Semester for which you are applying: Fall  Spring  Year \_\_\_\_\_

Does the student have a valid I-20 to be transferred? Yes  No  Are you seeking any transfer credit? Yes  No

Please list your university choices below:

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

Applicant's Name \_\_\_\_\_

## EDUCATIONAL DATA

Please list below the schools you have attended and dates of attendance.

### SECONDARY SCHOOL

### DATES ATTENDED

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date of Graduation from Secondary School \_\_\_\_\_

### UNDERGRADUATE STUDIES

### DATES ATTENDED

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date of Graduation from Undergraduate Studies \_\_\_\_\_ Degree Received \_\_\_\_\_

### POSTGRADUATE STUDIES

### DATES ATTENDED

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date of Graduation from Postgraduate Studies \_\_\_\_\_ Degree Received \_\_\_\_\_

## TRANSCRIPT INFORMATION

### ***Undergraduate Applicants***

Please submit official copies of transcripts from the final three years of secondary school showing proof of graduation.

### ***Transfer Applicants***

To receive transfer credits please include course descriptions in English. (In some instances a professional transcript evaluation may be required).

### ***Postgraduate Applicants***

Please submit official copies of undergraduate transcripts and proof of graduation.

**All applicants are asked to submit transcripts in English. If a translation is necessary, it must be authorized by a notary or similar public official.**

Applicant's Name \_\_\_\_\_

## TEST INFORMATION

TEST	SCORE	DATE TAKEN
SAT .....(verbal) _____ (math) _____		
TOEFL .....		
IELTS .....		
GMAT .....		
GRE .....		

## PERSONAL STATEMENT

Please write an essay containing 300 words on one of the following topics. This is a personal statement and no language aids, such as a dictionary, should be used. Essays taken from the internet are **not** acceptable.

- Discuss some issue of personal, local, national, or international concern and its importance to you.
- Describe a character in fiction, an historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence
- Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- Postgraduate applicants must submit a personal statement describing their career goals.
- Students applying to an ESL program must submit a handwritten statement of at least 100 words describing a hobby or special talent they have. ***This statement must be written under the supervision of the referring representative.***

## RECOMMENDATION LETTERS

Please include 2 letters of recommendation. The recommendations may be from former teachers or employers.

## REPRESENTATIVE RECOMMENDATION

In your opinion is the student a good candidate for the program to which he/she is applying? Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Counselor Referring Student: \_\_\_\_\_ Date \_\_\_\_\_

## I-20 MAILING

Indicate the student's permanent international address in the home country. This cannot be a P.O. Box, Agent or U.S. Address.

Street Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## MEDICAL RELEASE AUTHORIZATION:

Name of student \_\_\_\_\_

As parent(s) or guardian(s) of the undersigned student, I/we authorize INTO University Partnerships (IUP) and its agents, its staff, its representatives, and its affiliate schools to consent to any medical or surgical procedures, including anesthetics, X-ray examinations, other diagnostic tests and/or hospital care, deemed necessary by and rendered under the supervision of a licensed physician, surgeon, or dentist.

I/we, the undersigned, further understand that if the undersigned student becomes ill or incapacitated, IUP and its agents, its staff, its representatives, and its affiliate schools may take any action they deem necessary for the student's safety and well-being, including securing medical treatment and/or transporting the student home at the student's expense. We release IUP and its affiliate schools from any liability in regard to such actions.

I/we, the undersigned, also understand that the student is required to have specific immunizations prior to enrolling in classes, and if these immunizations need to be administered, it will be at the student's expense.

**Please note all signatures must include an English translation.**

Mother's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type): \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type): \_\_\_\_\_

## PERSONAL DATA

Has the student ever had a serious injury, illness or disability? Yes  No

If yes, please explain \_\_\_\_\_

Has the student ever had counseling or psychological/physical evaluation or treatment? Yes  No

If yes, please submit a current evaluation with this application.

Does the applicant have any special needs of which the school should be aware? Yes  No

If yes, please explain \_\_\_\_\_

List all school activities in which student has participated, such as arts, athletics, government, etc.

\_\_\_\_\_  
\_\_\_\_\_

List any awards or honors received: \_\_\_\_\_

\_\_\_\_\_

## TERMS AND CONDITIONS:

- 1. Expenses:** The following expenses are not included in the program price: textbooks and other school materials, personal spending money, medical insurance, meals and housing when the university is officially closed (usually during the winter and spring holidays), airfare, ESL costs (if not enrolled in an ESL program) and special tutorials or private lessons such as music, voice, etc.
- 2. Regulations:** Students are subject to the rules of the university as well as to US government laws. Serious infractions may warrant dismissal from the program, repatriation to the home country at the student's expense, and legal prosecution. No refunds will be made for dismissals or withdrawals.
- 3. Payment:** The program fee is due upon acceptance.
- 4. Students** are required to enroll for at least 1 full academic year. No refunds are available for partial year enrollments.
- 5. Undergraduate students are required to live on-campus for at least 1 full academic year.**
- 6. Cancellations:** Cancellations prior to June 1 for a fall enrollment or prior to November 1 for a spring enrollment will receive a full refund less a processing fee of \$500. Cancellations after these dates but before the initial enrollment dates will receive one half of the entire program price. No refunds will be made after the student arrives on campus.
- 7. In the event of a visa denial:** A refund of program fees will be made upon receipt of documentation of the visa denial and return of the original I-20 form.

### 8. Liability and Release

I/we, the undersigned, agree to release, indemnify and hold harmless IUP and its affiliates, its staff, its representatives and its agents for any injury (bodily, emotional or mental), property damage or loss, or expense incurred by or at the hands of the student while the student is participating in the IUP Program.

I/we, the undersigned understand that IUP is not responsible for any loss or injury suffered by the student during periods of independent travel or absence from the program. I/we, the undersigned understand and agree that IUP shall have no liability, financial or otherwise, for the student when absent from the Program or during periods of independent travel. We also release IUP, its staff, its representatives, its agents and its affiliates from any liability, and agree to indemnify them, for any expenses or liabilities that the student may incur or cause, such as a personal injury or loss of property while participating in the IUP program.

I/we, the undersigned, understand that the student's participation in the program may be terminated at the discretion of IUP or the school without any refund of fees or monies paid if the student violates any rules or regulations of the school, IUP or the United States, including but not limited to all federal, state or local laws, and that the student may be sent home at his/her own expense.

### 9. Use of film likenesses:

I/we, the undersigned, understand and consent that IUP may use any film likenesses taken of the student and any quotes made by the student while participating in the IUP program in any promotional materials and that the publication and distribution of these materials may extend for several years beyond this date.

***IUP recommends that the student's family retain a copy of this page.***

**Required Signatures:**

I / we, the undersigned, have read, understand and agree to comply with all IUP terms and conditions.

I / we, the undersigned agree to the terms and conditions as set forth in this application and understand that any agreement written or otherwise between IUP and the undersigned cannot be modified except in writing by IUP.

I / we, the undersigned certify that all information provided in this application including the personal statement/essay is the student's own work and is factually true and honestly presented.

**Please note all signatures must include an English translation.**

Mother's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type): \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type): \_\_\_\_\_

***INTO recommends that the student's family retain a copy of this page.***

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## Applicant Declaration Form

### Academic Disciplinary Action

Are you currently, or have you ever been, charged with or subject to disciplinary action for scholastic (such as plagiarism or cheating) or any other type of behavioral misconduct at any educational institution which resulted in your probation, suspension, removal, dismissal or expulsion?

You do not need to disclose academic dismissal, suspension or probation for poor grades.

Yes       No

### Legal Violation

Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) that resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffic violations that only resulted in a fine)?

Yes       No

If your answer to any of the preceding is YES, details of any offenses should be included on a separate sheet. If your records have been expunged pursuant to applicable law, you are not required to answer YES to these questions. If you are unsure whether to answer "yes", we strongly suggest that you answer YES and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of your offer of admission.

### Submission of Information

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. Should any of the information I have given change prior to my enrollment at the institution, I shall immediately notify the Office of Admission.

I confirm that I have included information on all my academic studies and will not pursue further study prior to joining this university. Failure to provide this information can result in dismissal from the university.

### Payment of Fees

I agree to pay all tuition, accommodation and any other fees incurred as they become due.

### Medical Insurance

The university requires all full-time students to be covered by health insurance which meets the University requirements. Students unable to provide evidence of adequate alternative coverage at the time of their application will be required to enroll in the University health insurance plan before arrival.

### Authorization for Release of Information

I understand that this application is for admission to the University and is valid only for the term indicated. I also understand and agree that I will be bound by the University's regulations concerning application deadline dates and admission requirements.

I agree to the release of any secondary or post-secondary transcripts and related credentials and I authorize INTO University Partnerships (IUP) or the University to contact any secondary and/or post-secondary institution that I have attended for the purposes of confirming receipt of the official records needed to complete my application and discussing any subsequent admission or scholarship decision.



I agree that the University and INTO University Partnerships (IUP) (to the extent it may be covered by FERPA) may release my student record as necessary to facilitate admissions, enrollment and continued progress through any academic program the University. This authorization specifically permits the sharing of information between the University and IUP, or to any other entity, organization, or person directly responsible for my recruitment or continued participation at the University.

I also authorize my application and application materials for any University program to be considered and reviewed by INTO University Partnerships Ltd., if applicable to facilitate application, admission, or enrolment.

This authorization also permits providing access to application materials and student records to any representative, sponsor or parent listed below. This authorization remains valid during the University application process and throughout my enrollment.

**My Education Counselor (Company/Organization)** \_\_\_\_\_

**My Sponsor (Sponsor Name)** \_\_\_\_\_

**My Parent(s) or Other Relative** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

Print Name (Student) \_\_\_\_\_

**Students Under 18**

All students under the age of 18 must have all applications and contracts signed by a parent/guardian or sponsor.

**Parent/Guardian/Sponsor Signature** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

Print Name (Parent/Guardian/Sponsor) \_\_\_\_\_