



COLLEGE CONTACT

International Study Abroad Program Application

My Profile

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Gender: Female
 Male

Date of Birth: _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Email Address

Preferred Email Address: _____

Another Email Address: _____

Telephone / Fax

Telephone / Fax: _____

Type: Home Main Mobile Office Billing Fax Local

Another Telephone / Fax: _____

Type Home Main Mobile Office Billing Fax Local

Address

Type: Home Business Office Permanent

Local Address or Business Name: _____

Address (line two): _____

City: _____

State/Province: _____

Country: _____

Zip/Postal: _____

Another Address

Type: Home Business Office Permanent

Local Address or Business Name: _____

Address (line two): _____

City: _____

State/Province: _____

Country: _____

Zip/Postal: _____

Marketing Preferences

May we contact you about courses that we think may interest you?

Choosing "Yes" will provide you the latest information on course and program offerings. Your information will not be shared. Privacy & Policy Information is available here.

Yes, by any method; Yes, but only by the following methods (please check the methods that we may use to contact you): Email Mail; No, please do not contact me

Citizenship

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country that has issued your passport: _____

Academic History

Highest Level of Education in home country _____

Secondary/High School Name _____

Am I currently taking a gap year? Yes No

Current Term/Year in School _____

Area of Study _____

Legal Sex

What is your legal sex? Male Female

Pronouns _____

Gender Identity _____

Other Name Used _____

Emergency Contacts

If I experience a personal or medical emergency while attending UNEX, I agree to allow UNEX International Programs to contact my emergency contact listed below?

I certify that I have indicated above my final decision to allow or disallow UNEX International Programs staff to contact my listed emergency contact, if I experience a personal or medical emergency while attending UNEX. My certification authenticates the accuracy and completeness of the information provided.

Emergency Contact 1 First Name _____

Emergency Contact 1 Last Name _____

Emergency Contact 1 Email Address _____

Emergency Contact 1 Phone Number _____

Does this Emergency Contact speak English? Yes No

If not, what language does your Emergency Contact speak: _____

I approve of discussing a medical emergency with this person.

I approve of discussing a personal emergency with this person.

Emergency Contact 2 First Name _____

Emergency Contact 2 Last Name _____

Emergency Contact 2 Email Address _____

Emergency Contact 2 Phone Number _____

Does this Emergency Contact speak English? Yes No

I approve of discussing a medical emergency with this person

I approve of discussing a personal emergency with this person.

Study Abroad Program Selection

Please select the quarter for which you are applying Winter Spring Summer Fall

Please enter the program year _____

This is my first quarter of study at UCLA Extension Yes No

How did you hear about UCLA Extension?

- | | |
|---|--|
| <input type="checkbox"/> Conference/event | <input type="checkbox"/> Friends, family or coworkers (referral) |
| <input type="checkbox"/> UCLA Extension email | <input type="checkbox"/> I am a returning student |
| <input type="checkbox"/> Internet search (i.e. Google) | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Online ad | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Social media (Facebook, Instagram, etc.) | <input type="checkbox"/> Other |
| <input type="checkbox"/> UCLA Extension course catalog | |

Permission for use of Name, Image and Statements

Please read the University of California, Los Angeles: Permission for Use of Name, Image and Statements Form found here: <https://ucla.box.com/s/zpmsgvqqgn44ux9j7huhwyhna8x9vohz>

Do you authorize UCLA Extension to use your Name, Image and/or statements for media purposes?

Yes No

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Please read the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form found here: <https://ucla.app.box.com/s/d0edzjxlxmcccg4992zrlmjw3h0jaux>

Failure to sign this waiver will disqualify you from participating in UNEX International Programs activities, outside of participating in on-campus orientation activities and attending academic classes. If you do not sign the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement, you will not be able to participate in UNEX International Programs activities such as (but not limited to) group hikes, recreation center group activities, off-campus field trips, group dinners, etc.

I agree to the terms of the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form.

Yes No

Please upload a signed copy of the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form if you have agreed to the terms. (Reicht das entsprechende Formular bitte zusammen mit euren restlichen Unterlagen ein, falls ihr hier „Yes“ ankreuzt.)

Commitment to Participate

Please read the following:

I have been accepted to participate in a UCLA Extension (UNEX) international program. I recognize that by signing this agreement, I acknowledge my commitment to participate in the UNEX International Program, for which I have been accepted.

I accept my admission to the program and promise to abide by the following statement of responsibilities laid out in the attached document: "International Student Commitment to Participate Statement of Responsibilities" (<https://ucla.app.box.com/s/c0reejuj2rwshw1p9httqsosu78dxr8i>)

I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my (the Participant's) behalf, (b) promising not to sue on my behalf, (c) and assuming all risks of my participation in this Activity, including travel to, from, and during the Activity. I agree to the terms in the Commitment to Participate: Statement of Responsibilities Agreement and want to proceed in participating in this Activity. I understand that I am responsible for the obligations and acts as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Please check the box below to indicate that you understand and agree to the terms of the Confirmation to Participate: Statement of Responsibilities. By clicking these boxes, this will serve as my signature confirming that I acknowledge and agree to these terms.

In signing this Commitment to Participate: Statement of Responsibilities I acknowledge that I have had an opportunity to ask questions, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily.

Acknowledgements and Policy Statements

Phases:

This application has several phases. To participate in a UCLA Extension International Study Abroad program, each step must be completed in its entirety by the mandated deadlines. If you need assistance at any stage during the application process, please contact internationalprograms@uclaextension.edu

The International Program Fee is \$3,850 for the first quarter of study and \$2,850 for each subsequent quarter you continue to study with UCLA Extension.

First Quarter

The first quarter International Program Fee is charged in two phases: The Program Deposit (\$500) and the Program Fee Balance (\$3,350).

Stage 1: \$500 non-refundable program deposit due upon acceptance into the program. The deposit must be received within 2 weeks of your admission date.

Stage 2: The balance of \$3,350 is due at least 30 days before the quarter start date. Failure to pay your fees before the stated deadline will result in the automatic cancellation of your admission to the program and Form I-20.

Subsequent Quarters

The International Program Fee is \$2,850 for each subsequent quarter of study at UCLA Extension. The fee is due at least 30 days before each quarter start date. Failure to pay your fees before the stated deadline will result in the automatic cancellation of your admission into the program.

Acknowledgements:

Please check the boxes below to indicate that you understand and agree to the following statements. By clicking these boxes, this will serve as a signature confirming you acknowledge and agree to these terms.

- I have read the overview of the application process and understand that there are several phases to the application process, which I must complete by the established deadlines in order to participate in my selected UCLA Extension International Program.
- If I have questions or concerns about the application process, I will email internationalprograms@uclaextension.edu
- I certify that I have provided complete and accurate responses to all the items on this application. I certify that all official documents submitted in support of this application are authentic and unmodified records that pertain to me. My certification authenticates the accuracy and completeness of the information provided.

I certify that I have carefully read and understand the information above. I certify that I will take full responsibility for all of the above obligations and that failure to comply with any of these obligations, regulations or rules may result in a delay, denial, or withdrawal of admission or continued attendance/enrollment. I also understand that non-compliance will result in a violation of USCIS law which can lead to a loss of my F-1 student status.

I hereby permit College Contact to submit the information which I have provided on this form to UCLA Extension via an electronic online application form created and maintained by UCLA Extension.

Student Signature

Date

University of California, Los Angeles

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In return for being permitted to participate in the following activity or program ("The Activity"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents, or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

Description of Activity or Program:

Assumption of Risks: Participation in the activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury or illness, including contraction of COVID-19, the disease caused by SARS-CoV-2 (including any variants). The specific risks associated with any activity will vary, and may include 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death, and 4) contraction of COVID-19 which can cause serious illness or death to the participant and others.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

Acknowledgement of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I understand that no precautions, restrictions, guidelines or practices will eliminate the risk of exposure to the virus that causes COVID-19. I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Participant Name (print)

Participant Signature

Date

I, the parent/legal guardian of the Participant hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print)

Signature

Date



**COLLEGE
CONTACT**

College Contact GmbH
Hanauer Landstrasse 151-153 | 60314 Frankfurt am Main | Germany

Phone: +49 69 907 2007 30

Email: beratung@college-contact.com

Web: www.college-contact.com