**Instructions**:

1. Download and save this document in your computer first.
2. Click each blank (with instructions in red) and type in your answer. For some blanks marked with “Click to choose” in red, after you click it, you can see a triangle on the right-hand side. Click the triangle and choose an answer. For boxes, choose the relevant one by double-clicking it.
3. A photo is needed for the program application form (Note: another photo will be needed for visa application in March next year if you are accepted into the program). You can go to the Asian Language and Literature Department Office to take a digitized photo there. Then copy and paste into your form. Photo can be taken by Ms. Alice Wang in the department office.
   1. **Time**: 10:00 am - 2:00 pm Monday-Friday
   2. **Place**: Room 201, 479 Main Street
4. Photo Specifications:

Chin to top of hair is from 1" (dotted line) to 1 3/8" (solid line) on passport photo.



* 2x2 inches in size.
* Taken within the past 6 months, showing current appearance.
* Color.
* Full face, front view with a plain white or off-white background.
* Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head.
* Taken in newnormal12 street attire. Uniforms should not be worn in photographs except religious attire that is worn daily.
* Do **not** wear a hat or headgear that obscures the hair or hairline.
* If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture.
* Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons. A medical certificate may be required.

1. Save your completed application with your first and last name attached to the end of the file name: apform2022-you name.docx.
2. Send the Word file to Prof. Yin at [jyin@uvm.edu](mailto:jyin@uvm.edu) and send your signed hard copy with other required materials to his office at Room 202, 479 Main Street. If he is not in, slip it under the door of his office.

Application for 2022 Study Abroad in China Program

at Shandong University of Science and Technology in China

The following documents will be needed to consider your application. Double-click each box to when it is prepared.

|  |  |  |
| --- | --- | --- |
|  |  | This personal information form |
|  |  | Application Form for International Students at SDUST with your photo |
|  |  | Recent official transcript from all colleges and universities attended |
|  |  | Personal statement of purpose for studying abroad in China (1 page) |
|  |  | Completed Assumption of Liability for Health Care Expense |
|  |  | Application fee of $50 |
|  |  | A copy of the photo page in your passport |

Please submit the above all together in one packet by Dec. 3, 2022 to:

Professor John Yin

Room 202, 479 Main Street

University of Vermont

Burlington, VT 05405

**Personal Information**

|  |  |
| --- | --- |
| Name: Enter text. | SSN: Enter number. |
| Birth date: Click the triangle to choose. | Birth place: Enter text. |
| Telephone: Enter number. | E-mail: Enter text. |
| Citizenship: Enter text. | Passport #: Enter number. |
| College or university you are presently attending: Enter text. | |
| Major(s): Enter text. | Minor(s): Enter text. |
| GPA: Enter number. | Class Standing: Click to choose. |

Name of Parent/Guardian: Enter the full name.

Parent/Guardian’s Permanent Address: House # and Street Name (or Apt. #).

Enter more if needed.

City, State and Zip Code.

Telephone: Enter number.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click the triangle to choose.

(Applicant)

山东科技大学外国留学生入学申请表

# APPLICATION FORM FOR INTERNATIONAL STUDENTS

# SHANDONG UNIVERSITY OF SCIENCE AND TECHNOLOGY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓: Enter Surname  Surname | | | | | | | | | | | 名: Enter First & Middle Name.  Given name | | | | | | | | | |  |
| 中文姓名  Chinese Name | | | | | | Enter your Chinese name if you have one. | | | | | | | | | | | | | | |
| 性别  Gender | | 男  女  Male Female | | | | | | | | | | 国籍  Citizenship | | Enter text. | | | | | | |
| 出生日期  Date of Birth | | | | Click to choose. | | | | | | | | | 出生地点  Place of Birth | | Enter text. | | | | | |
| 永久居住地址  Permanent Address | | | | | | | | House # and Street Name (and Apt #).  City, State, and Zip Code.  Country. | | | | | | | | | | | | | |
| 电子信址  E-mail Address | | | | | Enter text. | | | | | | | | | | 电话  Telephone | | | | Enter number. | | |
| 护照  Passport | | | 护照号码: Enter number.  Passport Number | | | | | | | | | | | | 发照机关: Enter text.  Passport Agency | | | | | | |
| 有效期限 **自**  Click the triangle to choose.  Valid Dates **From** | | | | | | | | | | | | | | **至** Click the triangle to choose.  **To** | | | | |
| 计划参加留学项目  Program to be attended | | | | | | | | | ***Study Abroad in China Program at SDUST for UVM Students*** | | | | | | | | | | | | |
| 来华学习汉语水平  Level of Chinese to be studied at in China | | | | | | | | | 二年级  三年级  四年级  其他： Enter text.  2nd Year 3rd Year 4th Year Other | | | | | | | | | | | | |
| 计划到达日期  Date of Arrival | | | | | | | 5/24/2022 | | | | | | | | | 计划回国日期  Date of Returning | | | | Click the triangle to choose. | |
| 留学经费来源  Financial Sponsor | | | | | | | 父母  自己  机构奖学金 机构名称: Enter text.  Parents Self Institutional Scholarship Institution | | | | | | | | | | | | | | |
| 在校住房类别  Room type wanted on campus | | | | | | | | | | 单人间  双人间  同屋姓名：Enter text.  Single Double Roommate Name  (You need to find your own roommate and provide his/her name.) | | | | | | | | | | | |
|  | 随此申请表已附上支付给山东科技大学现金50美元的申请费。  I have attached an application fee $50 with this form. | | | | | | | | | | | | | | | | | | | | |
| 申请人签名:  Signature of the applicant | | | | | | | | | | | | | | | | | | 日期: Click the triangle to choose.  Date | | | |

Study Abroad in China Program at Shandong University of Science and Technology

ASSUMPTION OF LIABILITY FOR HEALTH CARE EXPENSES

**To be completed by all applicants**

As a condition and in consideration of the acceptance of and the participation of

Enter your complete name. in the Study Abroad in China Program at Shandong University of Science and Technology in China (hereafter “the Program”), I (we) the undersigned, individually and /or as parent and/or as lawful guardian of the applicant who is a minor of Enter your age. years of age, hereby agree as follows:

1. To accept liability and make payment for all reasonable and necessary costs and expenses of health and medical treatment and care, including but not limited to doctors’ and nurses’ fees, medicines, laboratory and x-ray costs, hospital and clinic expenses, and special medical attention costs, provided to said applicant prior to, during, and subsequent to his/her participation in the Program.
2. To release and forever discharge UVM Chinese Language Program, its affiliated institution the University of Vermont, and its host institutions and assigns in China of all claims, demands, damages, actions or causes of action on account of all reasonable and necessary costs of medical care as specified above prior to, during and subsequent to his/her participation in the Program.
3. To protect UVM Chinese Language Program, its affiliated institution the University of Vermont, and its host institutions and assigns in China again any claims, demands, damages, actions or causes of action by said minor, or by any other person, or persons, or entities on account of all reasonable and necessary costs of medical care as specified above prior to, during and subsequent to his/her participation in the Program, and to reimburse and make good to said UVM Chinese Language Program, its affiliated institution the University of Vermont, and its host institutions and assigns in China any losses, damages, or costs the may have to pay as the result of any such claims, demands, damages, actions, or causes of action by the said applicant.

Witness my (our) hand on Click to choose..

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

APPLICANT’S SIGNATURE

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

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS A MINOR)