

University of Colorado Boulder International English Center Boulder, Colorado 80309-0063 63 UCB Phone: +001-303-492-5547 Fax: +001-303-492-5515

Email: edusaacademy@colorado.edu

## **EducationUSA Academy Connects Application Form**

Please type or print clearly.

Online Program Dates	5466 ()	pe of plant didany.		
□ Summer 2022 (June 21-July	v 28): <b>Application Ready!</b> - U.S.	College Admissions Prep		
Applicant Information (as it a	ppears on your passport or national II	O card)		
Family/Last Name	First Name		Middle Name	
Gender: ☐ Male ☐ Female	Country of Birth:		_	
Date of Birth:  Month / Day / Year	Country of Citizenship	D:	_	
Academic Interests or Major:				
Expected Year of High School Gradua	ation (av. 2017):			
	, ,			
Applicant Address/Contact	Information			
Home Country Address (Number and	I Street)			
City	State/Province	Postal Code	Country	
Home Country Telephone * This email address is the primary way the unit and updates.	Email Address* iversity will contact you prior to your arrival. You m	nust check this email account frequen	Fax Number  tly in order to stay informed regarding important program info	rmation
Emergency Contact Informa	ation (parent/legal guardian)			
Family/Last Name	First Name		Relationship to Student	
Home Country Address (Number and	Street)			
City	State/Province	Postal Code	Country	
Home Country Telephone	Email Address			

Financial Information				
Total Program Course Cost: \$450 USD				
Payment for the EducationUSA Academy Connects at the University of Colorado Boulder is due by the first day of class: June 21, 2022.				
A separate email will be sent with instructions on how to pay for the program course.				
I certify that sufficient funds will be available for the duration of the applicant's studion Boulder and that payment will be made by the first day of class, June 21, 2022.	es at the EducationUSA Academy Connects at the University of Colorado			
Financial Guarantor Signature	Date (Month / Day / Year)			
Please Print Name				
Media Release				
For Applicant:  I, the undersigned, hereby irrevocably grant permission to the EducationUSA Academy Connects at the University of Colorado Boulder and the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my image and/or voice in connection with the exchange program in which I am a participant and/or in my related activities as an alum of the program.				
Additionally, I hereby authorize the EducationUSA Academy Connects at the University of Colorado Boulder and ECA and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to release, publish, broadcast or quote such material, including my name, and any program-related material I myself may create (including photographs and writings).				
With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes.				
Applicant Signature	Date (Month / Day / Year)			
For Parent/Legal Guardian: I, the undersigned, as the parent and/or legal guardian of the ECA program participant, hereby grant the above permissions and authorizations on behalf of the abovementioned participant.				
Signature of Parent or Legal Guardian	Date (Month / Day / Year)			
Application Checklist				
All items below must be submitted before the IEC can process an application	on and register student for the program:			
☐ Completed Education USA Academy Connects Application form				
☐ Photocopy of the identification page of your passport or national ID card				
Certification and Signature				
I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete. I understand that, if found to be otherwise, it is sufficient cause for refusal or dismissal. I agree to observe all campus policies and regulations including the University honor code.				
Applicant Signature	Date (Month / Day / Year)			

Date (Month / Day / Year)

Signature of Parent or Legal Guardian