



The information below must be written exactly as it appears on your passport.

1) Last Name First Name Middle Name

2) Number and Street Address Apartment

City State/Province

Postal code Country

3) Male Female

4) Date of Birth (MM/DD/YY)

5) E-Mail Address

6) Social Security Number (if you have one):

7) Are you a United States Citizen? Yes No

Country of Birth

City of Birth

Country of Citizenship

Country of Permanent Residency

Upon review of the student's application and acceptance to this program, the University of Maryland will provide the student with the immigration documents necessary for obtaining the appropriate Visa (J-1, Exchange Visitor Visa) for the length of the program. China Medical University students who are accepted into this program are required to obtain the appropriate J-1 Visa through the United States embassy.

8) Have you ever previously applied to the University of Maryland, College Park? Yes No

If yes, Type of program: Undergraduate Graduate Term/Year Applied for:

Dates of Attendance, if applicable:

9) Are you currently a student at China Medical University? No Yes

\*Please note: You must be a current student at China Medical University to participate in this program.

Please list the month and year of attendance: Start (Month/Year) to Current (Month/Year)

10) What is your current student status? (please check one):

Undergraduate: Junior Senior

Graduate: Master's PhD

Other (please explain):

11) What is your major at China Medical University?

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12) Are you in good academic standing at China Medical University?  No  Yes (If you answered no, please attach a statement describing the situation and its resolution.)

13) Has disciplinary action been initiated or taken against you at China Medical University or any of the institutions you have attended?  No  Yes (If you answered yes, please attach a statement describing the situation and its resolution.)

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14) Medical Insurance Information: I have medical insurance  Yes  No

You must have health insurance to participate in this program. Upon your arrival, you will be asked to show proof of coverage. While you hold J-1 status, you are required to carry the following coverage:

- Medical benefits of at least \$50,000 for each accident or illness
  - Deductible is limited to \$500 per accident or illness
  - Repatriation coverage of at least \$7,500
  - Medical evacuation coverage of at least \$10,000
  - Waiting period for pre-existing conditions must be reasonable
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15) All students participating in the AGNR Biotechnology Program for Summer Term 2009 take this course.

Prefix	Number	Section	Credit	Notes
NFSC	498C	0401	3	Course Meets: July 13–31, 2009; MTuWThF, 1:00 - 4:00 p.m.

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16) Financial sources: I have the necessary financial means to participate in this program.  Yes  No

In order to participate in this program, you must show evidence of ability to pay all costs. You will be notified of your acceptance into the program no later than **May 15, 2009**. If you are accepted into the program, you must submit payment to the University of Maryland for the total program fee of \$2,910.00 no later than **June 12, 2009**. A student's admission into the program will be confirmed by OES upon receipt of the total program fee.

Please attach the following:

1. A letter from China Medical University verifying that you are a currently enrolled student at China Medical University.
2. A copy of a recent bank statement showing that funds are available to cover the total program costs.

**AGNR Food Biotechnology Program Fee: \$2,910.00**

The program package covers tuition for 3 credits; transportation to and from the Washington, D.C.-area airport of arrival and departure; double-occupancy, air-conditioned, lodging for arrival Sunday, July 12, through departure, Saturday, August 1; meals covering breakfast, lunch, and dinner for July 13 through July 31; a complete linen package; internet access; course textbook; weekend subway transportation to and from Washington, D.C.; and a program live-in mentor.

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17) **Signature of Applicant. Your signature confirms that you have read and agree with the following:**

I certify that all information provided on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies and regulations of the University of Maryland, College Park. I understand that if admitted, full payment must be received by June 12, 2009. If payment is not received, this will result in cancellation of my program admission.

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Signature of Applicant

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Date

Please submit the completed form with the necessary attachments to the designated AGNR Food Biotechnology Program contact at China Medical University. China Medical University will submit the completed AGNR Food Biotechnology Program application form for each student to the Office of Extended Studies (OES), University of Maryland, no later than May 1, 2009. Students will be notified of acceptance into the program no later than May 15, 2009.