



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

Check this box acknowledging that a copy of your passport's biographical information page must accompany this application.

1) _____
Last Name First Name Middle I.

2) _____
Permanent Address (Billing Address) Number and Street Address Apartment City State

Postal Code Country

3) Date of Birth: ____/____/____ 4) Gender: Male Female
Month Day Year

5) _____ 6) U.S. Social Security Number _____
E-mail address (if you have one)

7) Are you a United States Citizen? Yes No If you are not a U.S. citizen, please complete this section.

City and Country of Birth Country of Citizenship Country of Permanent Residence

Type of Visa or Alien Registration Number Date of Issue ____/____ Date of Expiration ____/____
Month Year Month Year

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) Colleges and universities are asked by many federal/State governments and national surveys to describe the racial/ethnic backgrounds of their students and employees. You should answer both questions.

A. **Are you of Hispanic or Latino origin?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Yes No

B. **What is your race?** Select one or more of the following categories.

- White: Having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American: Having origins in any of the black racial groups of Africa.
- Asian: Having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native: Having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander: Having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

9) 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)

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

If Yes, _____
Dates of Attendance (If applicable)

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

- Freshmen Sophomore Junior Senior Master's PhD

Other (please explain): _____

12) What is your major at China Medical University? _____

13) All students participating in the AGNR Biotechnology Program for Summer Term 2012 take this course.

Prefix	Number	Section	Credit	Notes
NFSC	498C	XA41	3	Course Meets: July 9–July 27, 2012; MTuWThF, 1:00 - 4:00 p.m.

14) Please answer the following:

- A) Are you in good standing at all current/previous institutions of learning and eligible to return?
 Yes No If "No" please attach a statement describing the situation and its resolution.
- B) Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland?
 Yes No If "Yes", please attach a statement describing the situation and its resolution.
- C) Have you ever been charged with, indicted for, pleaded guilty to, or found guilty of any criminal offense, excluding minor traffic violations?
 Yes No If "Yes", please attach a statement describing the situation and its resolution.

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

Please provide a statement acknowledging that you have or will obtain the necessary medical 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

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, 2012**. If you are accepted into the program, you must submit payment to the University of Maryland for the total program fee of **\$3000.00** no later than **June 11, 2012**.

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.
 - a. If you are a minor, include a signed statement from the bank account holder indicating that they are financially supporting you.

AGNR Food Biotechnology Program Fee: \$3000.00

The program package covers tuition for 3 credits; the application fee, transportation to and from the Washington, D.C.-area airport of arrival and departure; double-occupancy, air-conditioned, lodging for arrival Friday, July 6, through departure, Saturday, July 28; meals covering breakfast, lunch, and dinner for July 9 through July 27; a complete linen package; internet access; course textbook; weekend subway transportation to and from Washington, D.C.; and a program live-in mentor.

I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I further understand that if the above information is found to be false, I may be reported to the University of Maryland's Office of Student Conduct. I agree to abide by the rules, policies and regulations of the University of Maryland. I understand that if accepted, full payment must be received by June 11, 2012. If payment is not received, this will result in cancellation. A student's admission into the program will be confirmed upon receipt of the total program fee.

17) _____
Signature of Applicant Date

Please submit the completed form with the necessary documentation (see below) to the designated AGNR Food Biotechnology Program contact at China Medical University. China Medical University will submit the completed program application form for each student to the Office of Extended Studies (OES), University of Maryland, no later than April 15, 2012.

The following required documentation must accompany this application:

- A copy of your passport's biographical information page.
- Statements, if any, relating to questions found at #14.
- Health Insurance Information, Statement of Acknowledgement (see #15).
- Financial Resources Required Documentation (see # 16).