

# American Culture at Temple (ACT)

## Application 2017

**PLEASE PRINT**

**FAMILY NAME:** \_\_\_\_\_ **MIDDLE NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

### PERSONAL INFORMATION

Birthday date (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Gender:      Male      Female  
 Country of Birth: \_\_\_\_\_      Country of Citizenship: \_\_\_\_\_  
 City of Birth: \_\_\_\_\_      Native (First) Language: \_\_\_\_\_

### PROGRAM SELECTION & DEADLINE

Please check the program you would like to attend:

Session	Dates	Application Deadline
Winter Program	January 5, 2017—January 26, 2017	December 1, 2016
Summer Program	July 6, 2017—August 5, 2017	June 15, 2017

### CONTACT INFORMATION

Home Country Address: Street Address 1: _____ Street Address 2: _____ City: _____      State/Province: _____ Country: _____      Postal Code: _____ Phone Number: _____ Email Address: _____	U.S. Address (if applicable): Street Address 1: _____ Street Address 2: _____ City: _____      State: _____ Country: _____      Postal Code: _____ U.S. Phone Number: _____ Alternative Email Address: _____
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### Which address do you prefer for your welcome package to be mailed?

Home Address       U.S Address       Pick up from IELP office       Other\*\*

(\*\*Please provide specific mailing address including street address, city, state, country and postal code for mailing if you chose **other** above):

\_\_\_\_\_

### ACADEMIC INFORMATION

When the program begins, will you have completed high school? Yes      No Name of High School (If Yes): _____	Are you attending or have you attended university or college? Yes      No Name of University (If Yes): _____
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### APPLICATION CHECKLIST

- Completed ACT application
- USD\$50 application fee (non-refundable)
- Photocopy of passport

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### ADDITIONAL INFORMATION

**What is your reason for attending Temple's IELP?**

Please select the option that best reflects your plans.

I want to get a Bachelor's degree in the U.S.

I want to get a Master's degree in the U.S.

I want to get a Doctoral degree (ex. PhD) in the U.S.

I want to learn about American culture

I want to improve my English for professional reasons

I want to improve my English because it is fun!

Other \_\_\_\_\_

**How did you hear about Temple's IELP?**

Temple's IELP website

Other website: \_\_\_\_\_

Education agent: \_\_\_\_\_

Friend: \_\_\_\_\_

In-Country Student Fair: \_\_\_\_\_

Counselor/Advisor: \_\_\_\_\_

Other: \_\_\_\_\_

### MEDIA RELEASE

- I give my consent to Temple University, its employees, and its agents (collectively "Temple"), as well as Temple's licensees, to take and use visual/audio images of me. "Visual/audio images" includes any type of recording whatsoever including but not limited to photographs, digital images, drawings, renderings, voices, sound or video recordings, audio clips or accompanying written descriptions. I agree that Temple owns the images and all rights related to them and may transfer those rights.
- The images may be used in any manner or media without notifying me in advance. Such potential uses include educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition and may appear on university-sponsored web sites, a Temple licensee's website and in publications, promotions, broadcasts, advertisements, posters and theater slides.
- I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them. I understand that I will receive no consideration, monetary or otherwise, regardless of whether or not the project, or any part thereof, is published or sold.
- I release Temple and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use. I hereby freely and voluntarily consent to and irrevocably license the use and publication of the images by Temple and Temple's licensees from this date forward.

### SIGNATURE

\_\_\_\_\_  
Applicant's name\_\_\_\_\_  
Date (month/day/year)

### TERMS AND CONDITIONS

- I understand that any misrepresentation of facts on the application or withholding of information may cause refusal of admission.
- I understand that I have a continued responsibility to notify IELP promptly of any information or facts that would change, add to, or otherwise relate to this application or my admission status.
- I understand that the IELP has the right to rescind admission status.
- I understand that the IELP will charge me a \$50.00 NON-REFUNDABLE application fee.

### SIGNATURE

I certify that I have read and understand the information in this form and that this information is true and correct.

\_\_\_\_\_  
Applicant's name\_\_\_\_\_  
Date (month/day/year)