U	CENTER FOR INTERNA STUDIES AND PROG THE UNIVERSITY OF AMERICAN LANGUAGE IN	RAMS TOLEDO	pplication for (American Langa	urn Form To: auge Institute Outoledo.edu 2. Bancroft St.		
1.	I am applying for: $igcap$ Spring 2 $igcap$	Summer 1 OFa	ill 1 🛛 🗍 Fall 2	O Spring 1			
2.	Have you ever applied to The Univers	ity of Toledo?	Yes ONO If y	es, R#			
	RAPHICAL INFORMATION (Please type Name		se complete all s	ections)			
	Last/Family Name	First/Give	n/Personal Name	Mi	ddle		
4.	I. Current Mailing Address						
	City State	/Province	Postal Code	Cour	itry		
5.	. Home Country Address (if different from above)						
6.	Phone Number7. Email Address						
8.	Male Female 9. Date	of Birth:	Month	Day	Year		
10.	. City & Country of Birth/ City	& Country of Birth/ 11. Country of Citizenship					
12	12. Type of United States visa you currently hold or hope to obtain?						
13. Domestic applicants only, date you began living permanently in Ohio (month/year)							
14	How did you know GAP? OUT Representative OFriend or Relative at UT OAdvising Center	○UT Graduate ○Advertisement ○Internet/Websit	_	er			

ACADEMIC INFORMATION

15. If you have attended any intensive English programs in the United States, please write their names below:

Na	ame of Institution	Location (City, State)	Attendance (From - To)
16.		ever been charged with or subject to ducational institution? (Yes/No)	
	a. If yes, please explain th	e circumstances that resulted in the	charge or disciplinary action:
17.		r convicted with a violation of the la	
	 a. If yes, please explain the outcome including any 	e charge or conviction, and the	
DEMO	GRAPHIC INFORMATION		
	Are you currently an ALI Studer Which Graduate Program are y	nts? Yes No	

20. When do you plan to start your graduate study?

PERMISSION FOR MEDICAL TREATMENT (for applicants under 18 years of age)

This Medical Release *must be signed by a parent or legal guardian* if the applicant is under 18.

I, the undersigned, hereby certify that I am the legal guardian of ______a student at the American Language Institute.

I further certify that I grant permission to the Student Medical Center of The University of Toledo to provide medical treatment to this student. I also grant permission to the Student Medical Center to refer the student to health care providers outside the University and I grant permission to such outside health care providers to supply medical treatment to the student.

 Signature of Guardian
 Name of Student

 Date
 Date

In continuance of The University of Toledo's commitment to safety and security, and in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please familiarize yourself with the Annual Security and Fire Safety report below. This report is a summation of the crime statistics for the past three years. Paper copies are available upon request. Please call 419-530-2222 to request a copy.

http://www.utoledo.edu/depts/police/pdfs/2015%20for%202014%20Annual%20Security%20Report.pdf

To complete your application, please include the following items with your application form:

□ A copy of the ID page of your passport

□ A copy of any language proficiency test score(TOEFL/IELTS, optional)

For more information about the program of study, please contact the American Language Institute by email at <u>ALI@utoledo.edu</u> or by phone at 419-530-4702. You can visit us on the web at <u>www.utoledo.edu/CISP/ALI</u>