



3007 N Ben Wilson, Victoria, TX 77901
 Tel.: 1-877-970-4848 or 361-580-4848

**STUDY ABROAD PROGRAM – Application Form
 SUMMER 2014**

Program	CHINA: MGMT 4300 / 6300 – Leadership Management: Comparison and Application between the East (China) and the West (US)
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Complete this form, print, sign and mail it with your deposit payment to the address below.

Last Name: _____ First Name: _____ Middle: _____

UHV Student ID : _____ Date of birth (mm/dd/yyyy) _____ Gender: M/F

Passport No.: _____ Country of Citizenship: _____

Mailing Address: Street _____ City _____ State ___ Zip _____

Phone: (h) _____ (cell) _____ Email: _____

What state do you claim for residency? _____ How long resident of USA? _____

In case of emergency notify: Name: _____ Relationship _____

Address: _____ Phone: _____

College or University currently enrolled in _____

Major _____ Advisor: _____ (If not UHV SBA)

How did you hear of UHV Study Abroad to China? _____

Current status: Undergraduate ___ Graduate ___ Expected graduation date ___ / ___ / _____

Course and course number you wish to take:

___ MGMT 4300 – Leadership Mgmt: China Study (Counts for any BBA concentration)

___ MGMT 6300 – Leadership Mgmt: China Study (Counts for any MBA / GMBA / MsEDE concentration)

Check the following categories which apply to you:

- I intend to apply for Financial Aid in the fall following Study Abroad
- I will be taking a prescription medication during the program and / or I am under a physician's regular care. By checking this box, I agree to notify the Program Director of the circumstances in writing.
- If possible, I wish to room near the following program participant _____.

I need information on applying for the study abroad scholarship _____.

I agree to log onto "MyUHV" and pay the deposit of \$ 100 within seven days of the fee being applied to my account. Payment can be made by e-check or credit card. The deposit is not refundable unless the program is cancelled by UHV.

I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested and / or giving false information may make me ineligible for admission and enrollment. I agree that a record of my academic performance may be furnished by all institutions of higher learning that I have attended. I am eligible to return to the last college that I attended.

I also give permission for the University of Houston-Victoria to release an official copy of my UHV Study Abroad application to my host institution.

_____/ 2014
Applicant's Signature Date

The Assistant Dean of UHV's School of Business Administration has the right to terminate any student's participation should the student be deemed a danger or a threat to the integrity of the program. I understand the Assistant Dean may refer my application to the UHV Counseling Center or university officials in Student Affairs before I am accepted into this program.

_____/ 2014
Applicant's Signature Date

Please return the completed and signed application form by email to OpielaP@uhv.edu or fax to: 1-361-580-5529 and mail the original copy to:

Peggy Opiela
School of Business Administration
3007 N Ben Wilson
Victoria, TX 77901

Qualified applicants are accepted on a first come first served basis.