

Application for Science Special Studies (GSMC50)

Student Section

Biographical Information

Family Name _____ Given _____ Middle _____

Date of birth _____ (MM/DD/YY) Male _____ Female _____

City of birth _____ Country of birth _____
 Country of Citizenship _____ Country of Permanent Residency _____

Current address: _____ Permanent Address in home country (if different) _____

 Country _____

Email _____

Education

<u>Degree</u>	<u>Field of Study</u>	<u>Year of Completion</u>	<u>University</u>	<u>City & Country</u>
Bachelor's Degree _____	_____	_____	_____	_____
Master's Degree _____	_____	_____	_____	_____
Doctorate Degree _____	_____	_____	_____	_____
Professional Degree _____	_____	_____	_____	_____

- **Attach a certified copy and translation**, if not in English, of degree certificate for the highest degree completed.
- **Attach a letter from the home university verifying: status, degree sought, anticipated date of program completion and research objective.**

Immigration Status/History

List the student's complete US immigration history, including each visa classification held, and dates present in the U.S. in each classification (attach additional paper, if needed):

Visa	Type Purpose	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- **Attach a copy of the passport identification page(s).** Previous immigration documents may be requested by the OIP as deemed necessary.

Funding Information

Amount of funding available to the student for the program duration \$ _____

The source(s) of the funding _____

- Note the minimum funding requirement is \$1000 per month per each month in the program and airfare to and from the US.
- **Attach evidence of funding** that shows amount and duration of support, and specifies the support is for the student to participate in a program at KUMC. Documents must be original or certified copies, printed on official letterhead or equivalent. If the original document is not in English, a certified translation must be attached to the original.

Immunizations and Medical Report

Print, complete and submit with application. Please be sure to pay special attention to the requirements set out by Student Health. **All Immunization requirements must be met before applications will be processed.**

Link to forms:

<http://www.kumc.edu/studentcenter/pdf/healthimmun.pdf>

http://www.kumc.edu/studentcenter/pdf/Short_history_form.pdf

Health Insurance

Applicants must present proof of health insurance including the following:

Accident & Illness Provisions

Minimum of \$250,000 per accident or illness

Maximum deductible of \$100 per accident or illness

Medical Evacuation Provisions

Minimum of \$10,000 allowed for expenses related to the medical transport to home country

Minimum of \$10,000 allowed for expenses in the event of death related to the transport of bodily remains to home country

Signature

I certify that the information given in this application and accompanying documents is complete and accurate and I understand that submission of incorrect information can be sufficient cause for terminating my application or enrollment at the University of Kansas Medical Center.

I hereby grant permission to KUMC to release applicable personal information, including identification numbers, as needed to complete background checks and/or other approval processes. I understand that my admission is conditional upon completion of the background checks and that it could provide grounds for rejection of my admission.

I understand that funding of \$1000 a month is required for this program. I certify that this amount is available to me and will be designated to pay for tuition, fees, books, insurance, living expenses, and any other costs associated with my studies at the University of Kansas Medical Center. I shall notify International Programs at KUMC of any change in my financial circumstances.

Date of Application _____

Signature of Applicant _____

Submit Application

Please print, sign and mail this complete application form with the application fee and any other required materials to the KUMC department in which your desired program resides.

Department Section

Department in which the activity will occur _____

Physical (campus address) location of the activity _____

Individual who will directly supervise/mentor the student: Name _____ Title _____

Department Contact or Coordinator: Name _____ Extension _____

Program Information

Student will be enrolled in the GSMC50 Special Science Studies course with a maximum duration of two months.

Anticipated dates program: Beginning _____ Ending _____
MM/DD/YY MM/DD/YY

Describe the research in which the student will engage and the objective of the program:

How will the student be evaluated, how will progress be determined and how will feedback be provided to the student.

Will the student be involved in any element of clinical or patient care? Yes No

- **Attach a copy of the communication** between the sponsoring department and the individual confirming the program and objectives

English Skills

The student must have adequate English language skills sufficient to carry out the intended program. **If a determination is made that the visitor has not demonstrated sufficient English language skills to perform the designated duties, additional English study will be recommended.**

English language skills were verified through:

- English is the student's native language
- TOEFL or IELTS scores meeting KUMC standards for student admissions
- The student's home institution conducts all lectures and coursework in English
- The student was interviewed by the mentor and determined to have sufficient English skills
- The student will be mentored in their native language which is _____ and will work with the ESL
- Coordinator to develop their English language skills.

Attach a copy of TOEFL or IELTS scores if used to determine English Skills

DEPARTMENT STATEMENT OF RESPONSIBILITY

1. **As sponsor of the GSMC50 student, I accept responsibility for the accuracy of all information contained in this form.**

2. **I will ensure the student reports to the Office of International Programs no later than 3 days after arriving at KUMC, bearing the following documents for him/herself and all authorized dependents:**
 - Passport with I-94
 - Processed I20
 - Proof of insurance
 - Address of local residence (not KUMC)
 - Phone / email or other contact information

3. I understand that the Office of International Programs (OIP) cannot register the student in the SEVIS system as present and in program status until the student has reported to the OIP and has submitted complete documentation as listed above. Failure to be registered in SEVIS within 30 days of arrival will result in the student's status defaulting to invalid. An individual with an invalid status is required to depart the U.S., with no grace period.

4. The department will provide or assist the student in obtaining:
 - A KUMC badge
 - Housing
 - Compliance with Student Health requirements
 - KUMC e-mail

5. **I will notify the OIP within 3 days of any of the following events:**
 - Cancellation of plans for the Student to come to KUMC.
 - Failure to arrive at KUMC by the program start date
 - Termination of participation in activity at KUMC for any reason

KUMC mentor (same as listed in Part One)

Signature _____

Date _____

Department Chair

Signature _____

Date _____

Name _____