



The purpose of this “Application Packet” is to provide applicants and recruitment partners with an offline method for completing and submitting admission applications to Quad Learning partner institutions.

This particular Application Packet allows students to apply for the following University of Arizona programs:

**Undergraduate Direct**  
**CESL U-Track**  
**CESL IEP**

QUAD **LEARNING**

Quad Learning (QL) is an official recruiting partner of the University of Arizona. QL was founded with the mission to improve global access to U.S. higher education for high-achieving students from across the world. QL believes in helping to create a world where all students realize their potential to change the arc of their lives through access to high- quality college education. QL partners with leading U.S. universities and organizations around the world to recruit, support, and enroll international students in universities and 2-year colleges in the U.S.

## **Instructions**

1. Complete the "International Undergraduate Application" section of this Application Packet. Please note that it is important that you type your responses or otherwise hand write clearly. Failure to do so may result in application processing delays.
  
2. Collect digital copies of the following documents:
  - High School Transcript in English (Minimum 3 Years of Transcript Information)
  - English Test Score (not required for IEP program). TOEFL test scores must be delivered using official School Code 4832. Log in to your ETS TOEFL iBT account to deliver your scores to the University of Arizona. If you have sent your test scores, please note the date they were sent in the "International Undergraduate Application" section below. An admissions decision will not be made until TOEFL scores are received electronically.
  - Copy of Passport
  - Copy of Official Bank Statement showing the minimum funds by program as listed below:
    - UA Direct: \$52,241
    - U-Track: \$9,695
    - IEP: \$6,755
  
3. Complete the "Financial Guarantee Authorization" section of this Application Packet

4. If student is enrolling in CESL and will be 17 years old at the time classes start, please:
  - Complete the "Consent to Treat Minor Patient" section of this Application Packet
  - Complete the "Agreement to Abide by Academic and Behavioral Standards & Protection of Minor Records" section of this Application Packet

*Note: CESL has a strict age minimum. Students must be 17 years old at the time classes begin. Applicants can be 16 when they apply, however they must be 17 when classes begin.*

5. Complete the "Assumption of Risk and Release Form" section of this application packet.
6. Print the completed Application Packet and provide handwritten signatures where requested on the various forms.
7. Scan and save your completed Application Packet with the applicant's name included in the name of the file (E.g. "Michael Chen Arizona Application.pdf").
8. Email your completed Application Packet along with digital copies of all requested application documents (please refer to step 3) to [international@QuadLearning.com](mailto:international@QuadLearning.com).



INTERNATIONAL UNDERGRADUATE APPLICATION

Agent Stamp Here:

PERSONAL DETAILS

Name must appear exactly as shown in applicant's passport.

Form with fields: Given Name/First Name, Middle Name, Surname/Last Name, Suffix, Preferred Name, Applicant's E-mail, Date of Birth (DD/MM/YYYY), Gender: M F, City of Birth, Country of Citizenship, Country of Permanent Residence, (Student) Visa Applicant: F1 J1 Other, Active Visa Number, Approval Date, Passport Number, Primary Language.

CONTACT DETAILS

Permanent Non-U.S. Home Address

Form with fields: Street (or physical address), City, Country, State/Province, Postal Code, Permanent Telephone: +[ ], Applicant's Mailing Address in the USA (if applicable), City, State, Postal code, Primary Telephone: +[ ], Permission to Text: yes.

EMERGENCY CONTACT

Form with fields: Relationship to Applicant, Contact's Full Name, Address, City, Country, State/Province, Postal Code, Telephone: +[ ], E-mail.

SELECT YOUR PROGRAM

- Applying for UA Direct (79 TOEFL | 6.5 IELTS required for Business, Engineering, Nursing, SBS, and Law) (70 TOEFL | 6.0 IELTS all other majors)
Applying for U-Track (59 - 69 TOEFL | 5.0 - 5.5 IELTS)
Applying for IEP (59 and below TOEFL | 5.0 and below IELTS)

EDUCATION DETAILS

High School All transcripts must be provided.

Form with fields: High School/Secondary School, Home Schooled, GED, High School Name, High School Address, High School Country, High School Start Date (MM/YY), (Anticipated) Graduation Date (MM/YY), GED Date (if applicable) (MM/YY).

Previous University Attendance (if applicable)

Form with fields: University Name, University Address, University Country, Attended From (MM/YY), Attended To (MM/YY), Degrees and Certificates, Credits Earned, Credits in Progress, Term Type: Semester Quarter.

TEST SCORES

Form with fields: TO EFL (PBT), TOEFL (IBT), IELTS, Other, Date Test Submitted to Institution, SAT/ACT Score.

INTENDED ENROLLMENT TERM

Form with fields: Indicate year and semester you wish to start, Year: 20, Fall, Spring, Summer.

INTENDED MAJOR: (View list of majors at degreesearch.arizona.edu)

## DECLARATIONS

I agree that UA may contact any educational institution or agency to request and receive materials or data related to my academic history and performance and that this does not exempt me from being responsible for submitting required application materials by associated deadlines.

Agree  Disagree

By checking this box, you agree that you have fully reviewed your application responses and are ready to submit your application to the University of Arizona. You cannot submit your application to the University until you have checked this box indicating you have reviewed your application summary.

By checking this box, I represent that the information provided in this application is to the best of my knowledge and belief, true, correct and complete. I understand that if I am found to have made a false or misleading statement on this application I may be subject to discipline including dismissal from the University of Arizona. I accept that my application materials become the property of UA and will not be returned. Additionally, I authorize the release of my academic, demographic, and financial information on file with the University to alumni clubs and other organizations that may consider me for scholarships. Checking this box is your electronic signature. Without your signature, your application is not complete.

I authorize Quad Learning, Inc. ("QL") to enter the information provided in this application into the University of Arizona's online application. I understand that the Family Educational Rights and Privacy Act ("FERPA") protects education records of students once they are enrolled at the University of Arizona.

APPLICANT'S SIGNATURE

Date [DD/MM/YYYY]:

The University of Arizona is an equal opportunity, affirmative action institution. UA prohibits discrimination on the basis of race, color, religion, sex, national origin, disability, age, veteran status, sexual orientation, or gender identity. It is committed to maintaining an environment free from sexual or any other illegal harassment and retaliation. To report discrimination or sexual harassment, students should call the Office of Institutional Equity at (520) 621-9449 or TTY (520) 626-6768. Students wanting information on UA's compliance with the Americans with Disabilities Act should call (520) 626-7674.

## AGENT INFORMATION

Agent Name:

Agent Email Address:

## CESL APPLICANTS ONLY

### 2018 Session:

- Spring II (February 12, 2018 to August 4, 2018)
- Summer (May 4, 2018 to August 3, 2018)
- Summer I (May 4, 2018 to July 6, 2018)
- Summer II (June 2, 2018 to August 3, 2018)
- Fall I (July 13, 2018 to October 11, 2018)
- Fall II (September 8, 2018 to December 7, 2018)

I have applied for Conditional Admission to the University of Arizona

### English Language

Previous English Instruction:

- <6 months
- 6-12 months
- 1-2 years
- 2-3 years
- 3-4 years
- 4-5 years
- 5-7 years
- >7 years

Name of school:

I require assistance due to a physical disability. Please describe:

Minor's Document: If you are under the age of 18, you will need to print and fill out the Documents for Minors application.

I would like to receive documents through my email, and I give you permission to email me all documents you can.

I have read and completed all pages of this application accurately, truthfully and understand the conditions. I am 17 years of age or older and I have completed high school or its equivalency, and I can read and write in my own language. I will bring proof of measles, mumps, and rubella immunization (MMR) for study on the UA campus. I will provide my own insurance for travel to and from Tucson. My English proficiency will be evaluated when I arrive and I will be placed in the best course(s) for me. If I need special accommodations for learning, I will notify CESL prior to arrival. I understand that if I arrive late I will be subject to a 10% late fee. I have read and understand the CESL refund policies. I understand that I must attend all classes and make academic progress to study at CESL.

## APPLICATION CHECKLIST

Collect and submit the following required documents:\*

- High School Transcript
- English Test Score, if applicable\*\*
  - TOEFL test score delivered to official school code 4832 via ETS TOEFL iBT account (if applicable). If TOEFL not submitted, for UA direct application is deemed incomplete.
- Copy of passport
- If applying to CESL U-Track or IEP as a minor (17 years old or younger), complete these [minor waiver forms](#)
- Collect declaration of financial support documentation
  - UA Direct**
    - Copy of official bank statement showing \$53,393
  - U-Track**
    - [Financial Guarantee Authorization form](#)
    - Copy of official bank statement showing \$9,695
  - IEP**
    - [Financial Guarantee Authorization form](#)
    - Copy of official bank statement showing \$6,755

\*Scanned copies of original documents are acceptable

\*\*Not required if you are applying to IEP



## FINANCIAL GUARANTEE AUTHORIZATION

Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CESL Student ID Number: \_\_\_\_\_

Who will take financial responsibility for your studies? Choose the appropriate option below:

- 1. Personal Funds:** I will pay my tuition, fees and other expenses from my own bank account.

- 2. Private Sponsor:** Someone else will pay my tuition, fees and expenses from their bank account. I confirm that my sponsor is not in the U.S. in non-immigrant status.

Name of the Sponsor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

By signing below I agree to pay all of the required expenses for this applicant's studies at the Center for English as a Second Language (CESL) at the University of Arizona. I confirm that I am not in the U.S. in non-immigrant status. I also permit this student to use my financial statement for the purpose of obtaining all required immigration documentation.

Sponsor's Signature: \_\_\_\_\_ Date\* \_\_\_\_\_

- 3. Scholarship:** Government agency, university, business or other institution that will pay your educational expenses.

Name of the Scholarship Provider/Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* This Financial Guarantee Authorization is valid for 6 months from the date of signature or until the sponsor chooses to withdraw their support.

## **CONSENT TO TREAT MINOR PATIENT**

Because Arizona law requires consent of parent/legal guardian for medical care of minors, if your son or daughter is enrolled at the University of Arizona prior to his/her eighteenth birthday and you want his/her healthcare provided by Campus Health Service, you must first complete and return the following consent to:

University of Arizona  
Campus Health Service  
P.O. Box 210095  
Tucson, Arizona 85721-0095  
Fax: 520-626-4301

### **Consent for Medical Treatment**

I, \_\_\_\_\_ (print name here), am the parent/legal guardian of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (print name of student), currently a minor, whose date of  
birth is \_\_\_\_/\_\_\_\_/\_\_\_\_.

I authorize the University of Arizona Campus Health Service to provide medical and/or mental health care to my son/daughter, including, but not limited to, diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment (including minor surgical procedures) and mental health counseling.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling Campus Health Service at 520-621-7428.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Phone: Home - (\_\_\_\_) \_\_\_\_\_

Work - (\_\_\_\_) \_\_\_\_\_

Cell - (\_\_\_\_) \_\_\_\_\_



**Agreement to Abide by Academic and Behavioral Standards &  
Protection of Minor Records**

**Parent or guardian consent.** Both the parent and the student should complete this page.

**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

I am the parent or guardian of the above mentioned student who is applying for the CESL Intensive English Program. I approve of this application and his/her participation in intensive English studies at the University of Arizona at the Center for English as a Second Language (CESL). I understand the student must be in good standing in CESL in order to participate.

**Disqualification and dismissal from program:** In order to provide a safe environment for all participants, University regulations and appropriate classroom behaviors will be strictly enforced. In addition, students must make academic progress and attend classes regularly. We understand that violators will be asked to leave the program according to departmental dismissal policy. For a complete copy of the dismissal policy, see the student handbook at:

<http://www.cesl.arizona.edu/student-handbook>

**Protection of Records** I understand that I, the parent or guardian of the student above, am the only person, in addition to the student and approved UA staff, who may request information about my child's academic and/or behavioral records. If my child is enrolling in any program other than the Teen English Program (TEP) my child must sign a written authorization in order for the UA to release records to me per FERPA regulations. If my child is in a program other than the TEP and chooses to withdraw I understand that I will not be notified by CESL.

Parent's telephone \_\_\_\_\_ Parent's email \_\_\_\_\_

CESL will not provide information about my child to any other person unless I list a person below authorizing them to receive information about my child.

**Optional:** I authorize \_\_\_\_\_ to receive information from CESL regarding my child's academic or behavioral issues in addition to myself.

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**I acknowledge that I have read and understand the above statements.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student applicant \_\_\_\_\_

Signature of Witness (at least 21 years of age) \_\_\_\_\_

**Translation:** If the parent or guardian is unable to read English, the translator must be at least 21 years old and must sign this statement. I acknowledge that I have correctly and accurately translated this document for the parent/guardian and he/she fully understands it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ASSUMPTION OF RISK AND RELEASE FORM**

*THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.*  
CESL Center for English as a Second Language ("Program")

Name of Student Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. More specifically, I acknowledge and accept the following risks. I accept full responsibility for any **injuries or illness** that I may sustain in the course of the Program activities or as the result of criminal acts of third-parties. I understand that the University of Arizona and its governing board, officers, employees, and agents (collectively the "University") do not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. **Health & Safety.** I understand and agree that the University does not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

**I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.**

I understand that neither the University nor the Facility is obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage.

3. **Standards of Conduct.** I will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility or other student participants. The University has the right to make changes in the format and administration of the Program.

4. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, **I release, indemnify, and covenant not to sue the University from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).**

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.** This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x \_\_\_\_\_  
Signature of Student Participant

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Signature of Parent/Guardian (if student is under age 18)

\_\_\_\_\_  
Date