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**Application for International Academy Winter 2025**

**德州大学奥斯汀分校2025寒假项目申请表**

**请用英文填写全表, 直接用word文档填写并发送，不要打印手写，不要拍照或扫描！**

1. **Enter your name exactly as it appears on your passport**

First name (名)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family name（姓)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gender (as listed on passport)**

**□** Male **□** Female

1. **Citizenship information**

City of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(填出生城市，而非省份)

Country of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of citizenship\_\_\_\_\_\_\_\_\_\_\_

Native language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（母语，例：Chinese）

Date of birth (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_（格式：月/日/年）

1. **Address （地址用英文/拼音填写）**

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（填完整的英文地址）

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact Information**

Telephone number +86\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of your current university\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Course Selection**

Choose one of the academic tracks below. （选择其中一个专业方向，点前面方框打钩）

**□ Accounting**

**□ Advertising**

**□ Engineering**

**□ Software Engineering**

**□ Western Language & Culture**

1. **Do you need a form I-20 (Certificate of Eligibility) for an F-1 student visa?**

**□** Yes

**□** No

1. **Passport Information**（已有护照的必填，若申请时暂无护照，可以先不填，后补交护照首页扫描件）

Country of Passport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（月/日/年）

1. **Roommate Request**

This request is optional and not guaranteed. The individual requested must be another IA student. (此处的意向室友调查是可选的，不保证一定能安排，意向室友必须是同期的IA学生)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender：□ male □ female

1. **For students 17 years old: parent/legal guardian information** (17岁的学生，需要提供家长或监护人信息)

Name of parent/legal guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Click below to certify that the information on this entire form is correct to the best of my knowledge. I acknowledge that UT Austin is a non smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.**

**□ Yes**

1. **Waiver of Liability, assumption, or risk, and indemnity agreement**

**□ I understand and accept the following items.**

Waiver: In consideration of being permitted to participate in any way in a class or activity, hereinafter called “The Activity”, I, for myself, heirs, personal representatives or assigns, do hereby release, waiver, discharge, and covenant not to sue The Regents of The University of Texas at Austin, its officers, employees, and agents from liability from any and all claims including the negligence of The University of Texas at Austin, its officers, employees, and agents, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in The Activity. Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume such risks. Indemnification and Hold Harmless: I also agree to Indemnify and Hold the Regents of The University of Texas at Austin Harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fee brought as a result of my involvement in The Activity and to reimburse them from any such expenses incurred. 3. Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Acknowledge of Understanding: I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law during the duration of my enrollment at UT Austin's International Academy.