

Applications are processed on a first come, first served, space-available basis. If your first choice course is full, you will be notified and assigned your next choice. You will receive notification when your application is complete and you have been accepted into the program. Enrollment is complete when you have been assigned a course, have paid in full, and all required forms are on file. We must receive a complete application with all supporting documents and your transcripts translated into English in order to process your application.

- 2018 Academic Connections International Application Form
- \$200 USD Application Fee
- Transcripts translated into English for the two most recent years of academic studies
- Email or scan a passport-size color photo (.jpg format)
- Copy of passport name page
- Tuberculosis (TB) Test/Assessment Form (Please see page 13 of this application.)

Tuition: \$6,300 USD (This price includes all tuition and fees, activities, mandatory medical insurance, on-campus housing July 8-28, 2018, and meals in dormitories with American students.)

Email or fax the Academic Connections International Supplemental application, International Programs application, and all supporting documents to ipadmission@ucsd.edu or +1-858-534-5703. You may also use the express mailing address shown at the bottom of this page.

(PLEASE TYPE IN LETTERS OR WRITE IN BLOCK LETTERS)

STUDENT INFORMATION

Family Name _____ Given Name _____
 Country of Birth _____ Country of Citizenship _____
 Address _____ City _____ State _____ Zip _____ Country _____
 Telephone: Day _____ Evening _____ Mobile _____
 Date of Birth _____ Male Female Student with physical or learning disability check here
 Email _____ Current G.P.A. _____ Current Grade Level _____
 Name of School _____ Expected Year of Graduation _____
 School Type: Public Private Home School All instruction in English? Yes No If No, TOEFL score? _____
 Learned about Academic Connections International by: Letter Web-search Family member attended Friend
 Teacher or Educational Counselor UCSD TV or Publication Other _____

PARENT/GUARDIAN INFORMATION

1. Name _____ Relationship _____ Email _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone: Day _____ Evening _____ Mobile _____
 2. Name _____ Relationship _____ Email _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone: Day _____ Evening _____ Mobile _____

COURSE SELECTIONS

You must choose three courses from a list found under the tab 'Courses' at academicconnections.ucsd.edu. From the three selections you choose, you will be assigned one course. Courses are assigned on a first-come, first-served basis.

1st Choice Course Name _____
 2nd Choice Course Name _____
 3rd Choice Course Name _____

I have reviewed the policies and procedures for UC San Diego Academic Connections International Summer 2018. I certify that the information given above is accurate.

Student's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____

Referring agency/high-school (Required to document student referral): _____

Agent/high-school contact name: _____ **Agent/high-school email:** _____

2018 CREDIT CARD AUTHORIZATION
(PLEASE TYPE IN LETTERS OR WRITE IN BLOCK LETTERS)

Name of Student: _____

Amount to be charged: \$ _____ VISA Master Card

Name of card holder: _____

Credit Card Number: _____ Expiration Date: _____

Authorizing Signature: _____ Date: _____

**After receiving the completed applications and supporting documents, we will review and decide on admission. Upon receiving an acceptance letter, the applicant must pay full tuition \$6,300 USD in order to reserve his/her space in the program.

DO NOT SEND THIS COMPLETED FORM TO US BY EMAIL.
TO PROTECT YOUR CREDIT CARD INFORMATION, PLEASE ONLY SEND THIS COMPLETED FORM TO OUR SECURE
FAX NUMBER: +1-858-534-5703.

Referring agency/high-school (Required to document student referral): _____
Agent/high-school contact name: _____ **Agent/high-school email:** _____

2018 RECOMMENDATION FORM BY AN ENGLISH LANGUAGE INSTRUCTOR
(PLEASE TYPE IN LETTERS OR WRITE IN BLOCK LETTERS)

ACADEMIC CONNECTIONS INTERNATIONAL APPLICANT'S NAME _____

The above-named student is applying to Academic Connections International at the University of California, San Diego. The program admits high-achieving, university-bound high school students to a 3-week pre-college summer experience which gives students an opportunity to sample academic and residential life at a top-rated university. A strong recommendation from the student's English instructor is necessary for admission to this program. Your reference will only be used in connection with the student's application for admission to the ACI program and will not be part of any official university record. You may use extra pages if desired and may either return this to the student to include with his/her application packet or you may fax directly or mail to us at:

Academic Connections International
University of California San Diego
Extension International Programs
9500 Gilman Drive – Mail Code 0176D
La Jolla, CA 92093-0176
(858) 534-5703 (Fax)
(858) 534-6784 (Phone)
Email: ipadmission@ucsd.edu

1) How long have you taught English to the applicant? _____

2) Are you aware of any physical, emotional or behavioral limitations that may impact his/her program participation?
 No Uncertain Yes If yes, please explain _____

3) How would you assess this student's maturity and ability to handle personal problem or challenges doing overseas study?
 Very mature, responsible Average, at par with peers Immature, struggles

4) Is this student reliable, honest and of good character? Yes Uncertain No, please explain _____

5) How rigorous is the academic program that this student is taking at your school?
 Most challenging Highly challenging Challenging Average Least challenging

6) Is the student's English proficiency in speaking, listening, reading, and writing sufficient to attend and do well in class with other high-achieving teenagers who are native speakers of English? Yes Uncertain No

7) Overall recommendation regarding this student's participation in the Academic Connections International 2018 program.
 Recommend strongly Recommend Recommend with reservations Do not recommend

8) Additional Comments:

Your Name _____ Position/Title _____

Work Email _____ Work Phone _____

School Name _____

Street Address: _____ City: _____ State: _____ Zip _____

Telephone: Day _____ Evening _____ Mobile _____

School Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

REQUEST FOR ADDITIONAL HOUSING, OPTIONAL SAT WORKSHOP AND/OR SHUTTLE SERVICE FORM

PLEASE DO NOT ORGANIZE FLIGHTS AND HOUSING ACCOMMODATIONS UNTIL YOU HAVE RECEIVED AN OFFICIAL ACCEPTANCE FROM ACADEMIC CONNECTIONS INTERNATIONAL. YOU MAY SUBMIT THIS FORM AFTER YOU RECEIVE AN OFFICIAL ACCEPTANCE.

(PLEASE TYPE IN LETTERS OR WRITE IN BLOCK LETTERS)

STUDENT'S FULL NAME: _____ Birthdate: MM ___ DD ___ YYYY _____

1. DO YOU NEED ADDITIONAL HOUSING?

NO, I do not need additional housing, I will arrive on July 8, 2018 at 8 am, in time for mandatory registration and campus housing check-in.

YES, I need additional housing on Saturday, July 7, 2018.*

*Housing is an additional \$85 USD per night. Accommodations may be private or shared, depending on availability.

For additional information, please email iphousing@ucsd.edu.

2. DO YOU NEED A SHUTTLE? NO

YES (IF YES, PLEASE FILL IN THE INFORMATION BELOW. SHUTTLE SERVICE IS **AVAILABLE FOR \$75.00 (EACH WAY)** TO AND FROM **SAN DIEGO'S INTERNATIONAL AIRPORT (LINDBERGH FIELD)**. PLEASE EMAIL IPHOUSING@UCSD.EDU IF YOU HAVE ANY QUESTIONS:

ARRIVAL:

Airline: _____

Flight Number: _____

Departure City: _____

Arrival Time: _____

DEPARTURE:

Airline: _____

Flight Number: _____

Destination City: _____

Departure Time: _____

3. DO YOU NEED OPTIONAL SAT PREPARATION COURSE? NO
 YES

IMPORTANT

I hereby certify that I am the parent or legal guardian of the student named above, have read, acknowledge and fully understand this waiver and its terms. I further understand 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 for the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him or her.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION

NAME OF STUDENT: _____

Housing (\$85 USD per night): \$ _____

Shuttle Service (\$75 USD each way): \$ _____

Total Amount to be charged: \$ _____ USD (CIRCLE ONE): AMEX JCB VISA MASTERCARD

ACCOUNT NUMBER: _____ EXPIRATION DATE: Month ____/Year ____

NAME OF CARD HOLDER: _____

AUTHORIZING SIGNATURE: _____

2018 ACADEMIC CONNECTIONS INTERNATIONAL
STUDENT PROGRAM AUTHORIZATION FORM
PART I

PRINT STUDENT'S FULL NAME: _____ Birthdate: ____/____/____
MM DD YYYY

PART I - WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate in any way in the 2018 Academic Connections Program scheduled from July 8-28, 2018 in San Diego, CA, herein called "The Activity," I, for myself, my heirs, personal representatives or assigns, **DO HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** The Regents of the University of California, its officers, employees, and agents from liability **FROM ANY AND ALL CLAIMS INCLUDING THE NEGLIGENCE OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ITS OFFICERS, EMPLOYEES AND AGENTS**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in "The Activity." Participation in "The Activity" includes, but is not limited to: ability to stand on your feet long periods of time, hike long distances, ability to get in and out of the water without assistance, carry camping equipment and other related activities associated with research work in the field.

PARENT/GUARDIAN'S PRINTED NAME: _____ **Date:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **Date:** _____

PARTICIPANT'S SIGNATURE: _____ **Date:** _____

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 I 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 ALL SUCH RISKS.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to **INDEMNIFY AND HOLD** The Regents of the University of California, any of their respective employees, agents and representatives **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

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 California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGMENT OF UNDERSTANDING: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understanding 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.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PARTICIPANT SIGNATURE: _____ **Date:** _____

2018 ACADEMIC CONNECTIONS INTERNATIONAL
STUDENT PROGRAM AUTHORIZATION FORM
(PLEASE TYPE IN LETTERS OR WRITE IN BLOCK LETTERS)

PART II

PRINT STUDENT'S FULL NAME: _____ Birthdate: ____/____/____
MM DD YYYY

PART II - EMERGENCY AND MEDICAL INFORMATION FORM

PRIMARY EMERGENCY CONTACT INFORMATION (PARENT OR GUARDIAN):

Name: _____ Relationship to Student: _____

Address: _____ Phone:(____) _____

City: _____ State: _____ Country: _____ Zip: _____

Email: _____ Birthdate: ____/____/____ Cell:(____) _____
MM DD YYYY

Employer: _____

SECONDARY EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Student: _____

Address: _____ Day Phone:(____) _____

City: _____ State: _____ Country: _____ Zip: _____

Email: _____ Birthdate: ____/____/____ Cell:(____) _____
MM DD YYYY

Medical Information:

Insured Parent/Guardian Full Name: _____ Birthdate: ____/____/____
MM DD YYYY

Family Physician: _____ Phone:(____) _____

Office Address: _____ Medical Insurance Company: _____

City: _____ State: _____ Zip: _____ Medical Insurance Policy #: _____

1. ARE YOU CURRENTLY TAKING ANY MEDICATIONS? IF YES, PLEASE LIST:

2. ARE THERE ANY MEDICAL PROBLEMS OF WHICH WE SHOULD BE AWARE? IF YES, PLEASE LIST:

3. PLEASE LIST ANY FOOD OR MEDICATION TO WHICH YOU ARE ALLERGIC:

4. PLEASE LIST ANY SPECIAL DIETARY RESTRICTIONS:

2018 ACADEMIC CONNECTIONS INTERNATIONAL
STUDENT PROGRAM AUTHORIZATION FORM
PART II (CONTINUED) AND PART III

PRINT STUDENT'S FULL NAME: _____ Birthdate: ____/____/____
MM DD YYYY

The undersigned parent or guardian of the student named herein agrees that in the event of emergency illness or any accident, permission is hereby granted for the treatment by any physician or hospital to which the student is referred for diagnosis and/or treatment. Parents or guardians agree to make direct payment to Academic Connections as a reimbursement for any services rendered at the UCSD Student Health Center. The UCSD Student Health Care Center and Academic Connections are not responsible for submitting insurance claim forms.

I hereby certify that I am the parent or legal guardian of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him or her.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PARTICIPANT SIGNATURE: _____ **Date:** _____

PART III – PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATION

PRINT STUDENT'S FULL NAME: _____ Birthdate: ____/____/____
MM DD YYYY

Yes, I GIVE permission to the Academic Connections Administration or the Student Health Center to dispense over-the-counter medications such as Tylenol, Dramamine, Ibuprofen, etc., at the request of my son or daughter.

No, I do NOT GIVE permission for the Academic Connections Administration to dispense over-the-counter medications to my son/daughter.

I hereby certify that I am the parent or legal guardian of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him or her.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PARTICIPANT SIGNATURE: _____ **Date:** _____

2018 ACADEMIC CONNECTIONS INTERNATIONAL
STUDENT PROGRAM AUTHORIZATION FORM PART IV

PRINT STUDENT'S FULL NAME: _____ Birthdate: ____/____/____
MM DD YYYY

PART IV - PHOTOGRAPHY RELEASE

During the program, pictures may be taken of students in the midst of their learning and social activities. These pictures may be used in future brochures and public information pieces on Academic Connections. There may also be a local television news crew filming for a special report. Please let us know if you are comfortable with your son or daughter being photographed and/or filmed by checking one of the two options below.

YES, I GIVE PERMISSION FOR MY SON OR DAUGHTER TO BE PHOTOGRAPHED AND/OR FILMED.

UCSD STANDARD MODEL RELEASE FORM

The undersigned enters into this Agreement with UCSD Extension Programs (herein called "Photographer/Film Crew"). I have been informed and understand that Photographer/Film Crew is producing marketing materials for the Academic Connections program and that my name, likeness, image, voice, appearance and/or performance is being recorded and made a part of those materials ("Product").

1. I grant Photographer/Film Crew and its designees the right to use my name, likeness, image voice, appearance, as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, the internet or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or reuse the Product in whole or part as Photographer/Film Crew may elect. Photographer/Film Crew or its designee shall have complete ownership of the Product in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the Product or its copyright.
2. I also grant Photographer/Film Crew and its designees the right to exhibit, market, and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or noncommercial printing and advertising or any other purpose that Photographer/Film Crew or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to their parties, and that Photographer/Film Crew has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name likeness, image, appearance and performance embodied in the Product. I expressly release and indemnify Photographer/Film Crew and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted Photographer/Film Crew herein are perpetual and worldwide.
4. In consideration of all the above, I hereby acknowledge I am receiving no monetary compensation for this release, and am signing below with full understanding and free will. I have read the foregoing and understand its terms and stipulations and agree to all of them:

I hereby certify that I am the parent or legal guardian of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him or her.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PARTICIPANT SIGNATURE: _____ Date: _____

NO, I DO NOT GIVE PERMISSION FOR PHOTOGRAPHS/FILM TO BE TAKEN OF MY SON OR DAUGHTER TO BE USED FOR ACADEMIC CONNECTIONS PROMOTIONAL PIECES.

I hereby certify that I am the parent or legal guardian of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him or her.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PARTICIPANT SIGNATURE: _____ Date: _____

2018 ACADEMIC CONNECTIONS INTERNATIONAL
STUDENT PROGRAM AUTHORIZATION FORM

PRINT STUDENT'S FULL NAME: _____ Birthdate: ____/____/____
MM DD YYYY

PART V – 2018 SWIM TEST CERTIFICATION

All Academic Connections participants who wish to participate in any water activity while in the Academic Connections program must pass the following swim-test and have a Certified Lifeguard or American Red Cross Water Safety Instructor attest to completion of this test by signing the form below. These tests must be completed PRIOR to your student's arrival at UC San Diego:

- **200 YARDS (183 METERS) CONTINUOUS SWIM, ANY STROKE**
- **5 MINUTES OF CONTINUOUS TREADING OF WATER**

CERTIFICATION

I, _____, certify that _____ has completed 200 yards
Printed Name of Guard or Instructor Printed name of Academic Connections Applicant
 (183 meters) of continuous swimming, followed by 5 minutes of treading water.

This test of swimming ability was given at _____ on _____.
Name of Swim Test Site Date of Test

I AM CURRENTLY CERTIFIED AS A LIFEGUARD ON AMERICAN RED CROSS WATER SAFETY INSTRUCTOR OR COMPARABLE INSTRUCTOR CERTIFICATION.

MY CERTIFICATION EXPIRES ON _____.

YES! I hereby CONSENT that my student may participate in swimming or water based activities during the Academic Connections program. I further certify that I am the parent or legal guardian of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him/her.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PARTICIPANT SIGNATURE: _____ **Date:** _____

Our first priority is to ensure your student's safety. The student will not be disqualified from the Academic Connections Program if (s)he cannot swim or if you do not feel comfortable allowing them near swimming pools, bay sides, or in the ocean. If you do not give authorization for your student to participate in any swimming or water activity, you may indicate this by signing below. **IF YOU DO NOT WANT YOUR STUDENT TO PARTICIPATE IN ANY WATER-BASED ACTIVITIES, PLEASE COMPLETE AND SIGN ONLY THE LAST TWO LINES OF THIS WAIVER.** Alternative activities will be offered to your student.

NO! I DO NOT WANT _____ **STUDENT'S PRINTED NAME** to participate in any water based activities during the Academic Connections Program.

I hereby certify that I am the parent or legal guardian of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Academic Connections and its agents. I give my consent without reservation to the foregoing on behalf of him or her.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PARTICIPANT SIGNATURE: _____ **Date:** _____

**2018 ACADEMIC CONNECTIONS INTERNATIONAL
PERSONAL HISTORY FORM**
(PLEASE TYPE IN LETTERS OR WRITE IN BLOCK LETTERS)

Last Name:	First Name:	Middle Name:	Preferred First Name:

Gender:
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other, please specify:

Current Age:

In September 2018, what grade will you be in?:
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other, please specify:

What is your t-shirt size?
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

If you are part of any of the affiliated programs below, please mark its corresponding box: (check all that may apply)
<input type="checkbox"/> Reality Changers <input type="checkbox"/> Imperial Valley <input type="checkbox"/> Foster Youth <input type="checkbox"/> EAOP <input type="checkbox"/> Barrio Logan College Institute <input type="checkbox"/> Chula Vista Promise Neighborhood <input type="checkbox"/> Research Scholars

I understand that all students must be checked in no later than 8:30 P.M. each night, must be present for floor meetings or other scheduled activities from 9:00 P.M. – 11:00 P.M., and that lights out will occur each night at 11:00 P.M.
<input type="checkbox"/> Yes <input type="checkbox"/> No (Checking No will exclude you from the program.)

PLEASE TAKE THE TIME TO ANSWER THE FOLLOWING QUESTIONS THOUGHTFULLY AND COMPLETELY:

- How accepting are you of lifestyles different than your own? Please explain.
- What do you consider to be the characteristics of a good roommate?
- With regard to your sleeping habits, how sensitive are you to light and sound?
- Please list three of your talents, or hobbies:
- What are your academic interests?
- What else do you want your new roommate to know about you?
- Please list any medical issues that may require special accommodations. Certified medical documentation will be required.

I HAVE CAREFULLY CONSIDERED ALL OF THE ABOVE QUESTIONS. I REALIZE THE SELECTION OF MY ROOMMATE AND SUITE MATES IS LARGELY BASED UPON THE INFORMATION I HAVE PROVIDED.

PRINT ACADEMIC CONNECTIONS PARTICIPANT'S FULL NAME

PARTICIPANT'S SIGNATURE

DATE

**ACADEMIC CONNECTIONS STUDENT HANDBOOK
& CODE OF CONDUCT CERTIFICATION**

By signing this certification, I/we _____
Print Parent/Guardian Full Name

Parent(s)/guardian(s) and _____
Print Student Full Name

Certify that I/we have read, understand and agree with the terms and conditions of the Academic Connections Student Code of Conduct, the Judicial Review process, all Student Handbook Sections, and other publications incorporated herein by reference. Furthermore, we understand that failure to abide by all rules of conduct cited above will result in disciplinary action outlined under the Judicial Review section.

If one parent/guardian is legally responsible for the student then only that parent's/ guardian's signature is required.

Father/Legal Guardian Signature _____ Date _____

Mother/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

Read, sign, and email [page 12](#) to ipadmission@ucsd.edu by **June 9, 2018**. Keep the remaining portion of the Academic Connections Student Handbook and Code of Conduct for your records.

Tuberculosis (TB) Questionnaire

Required for students in University Credit and Certificate programs. Please complete and return this form at least 30 days before the program start-date.

Family name of participant _____ First name of participant _____

Date of birth _____ month/ day/ year _____ Student Email Address _____

Please answer the following questions:

- Have you ever had a positive TB skin or blood test? Yes No
- Have you ever had close contact with anyone who was sick with TB? Yes No
- Are you from or have you ever lived or traveled in one of the following areas:
Mexico, South or Central America, Eastern Europe, Asia, the Middle East, or Africa? Yes No

If all questions are answered **NO**, you have completed your TB Assessment. Please send the TB Questionnaire to iphealth@ucsd.edu or fax it to +1-858-534-5703. After you submit the TB Questionnaire, there is nothing more for you to do regarding the TB Assessment.

If any questions are answered **YES**, then you must also have your health care provider complete the TB Assessment below, documenting either treatment for TB or negative TB test results. This must be completed and submitted to UCSD Extension thirty (30) days before the start of your program. **If TB results are required, the TB test must be taken no more than 1 year from the program start-date.**

Tuberculosis (TB) Assessment

This part of the form must be completed only by a licensed health care provider. The completed, signed form must be faxed to UC San Diego Extension International Student Services at 001-858-534-5703. Or it can be sent to us as a scanned document attached to an email sent to: iphealth@ucsd.edu.

RISK FACTORS: (please ask student and check any that apply)

- 1. Immunosuppressed (HIV/AIDS), organ transplant, or on immunosuppressant medication Yes No
- 2. History of abnormal chest x-ray suggestive of TB disease Yes No
- 3. Does the student have signs or symptoms of active tuberculosis disease? (Cough more than 3 weeks, chest pain, unexplained weight loss, fevers, night sweats) Yes No

If no, proceed to 4 or 5. If yes, proceed with additional evaluation to exclude active TB, including TB skin or blood testing, chest x-ray, and sputum evaluation as indicated, and show results below.

4. Tuberculin Skin Test (TST)

If there is no history of BCG Vaccine, TST results should be recorded as millimeters (mm) of induration. If no induration, write "0." Five mm is considered positive if there is a history of abnormal chest x-ray, recent exposure to active TB disease, or is immunosuppressed. 10 mm induration is considered positive if coming from a high-risk area or has other high-risk conditions (IV drug use, chronic renal disease, cancer, diabetes, malabsorption or GI bypass).

- Date TST test was given: _____ month/ day/ year
- Date TST test was read: _____ month/ day/ year
- Result: _____ mm induration
- Interpretation: negative positive

5. TB Blood Test (Interferon Gamma Release Assay-IGRA) (The TB blood test may be done instead of TST. Strongly recommended if there is a history of positive TST or BCG vaccination.)

- Date obtained: _____ month/ day/ year
- Result: negative positive intermediate

6. Chest X-Ray (required if TST or IGRA is positive)

- Date of chest x-ray: _____ month/ day/ year
 - Result: normal abnormal (including scars, and old granulomatous changes)
- If chest x-ray is abnormal, please submit the following results.
Sputum Results (AFB and culture x 3 required if chest x-ray abnormal):
- #1 Date _____ AFB _____ Culture _____
 #2 Date _____ AFB _____ Culture _____
 #3 Date _____ AFB _____ Culture _____

7. Treatment for Latent TB (if applicable):

- Medication(s) _____
- Start date: _____ month/ day/ year
- Completion date: _____ month/ day/ year

Licensed healthcare provider's name (please print in block letters): _____

Healthcare provider's signature: _____ Date: _____ month/ day/ year

Healthcare provider's stamp:

Family Weekend Departure Form

Students may leave the Academic Connections program as noted below for Family Weekend. Many students remain on campus and supervision and activities are planned for those students. Students **WILL NOT** be allowed to leave campus without **ADVANCE** written permission from a parent/guardian. Prior to departure and upon return, students **MUST** be signed in/out by the person listed below with an Academic Connections staff member at Tioga Hall. This policy is for the safety of our students.

If you are unsure, complete the form as if the student will be departing. Students will be asked to confirm their intention closer to the weekend date. Having a completed form on file allows the student to choose.

All students **MUST** be back on campus by **8:00pm Sunday, July 22nd**.

- My student **will be** picked-up on **Friday, July 20**, and return on **Sunday, July 22**.
- My student **will not** be participating in Family Weekend.

Student Name _____

Student Contact Number (e.g. 858-822-4361): _____

Course Name: _____

DEPARTURE INFORMATION

Friday, July 20, 2018
Pick-up between 5-9pm

Person(s) picking-up student:
(must be over 18 – IDs required) _____

Relationship of above person(s) to student: _____

Contact Number (e.g. 858-822-4361): _____

RETURN INFORMATION

Sunday, July 22, 2018
Drop-off between 4:00pm-8:00pm

Person(s) dropping-off student:
(if different from above) _____

Relationship of above person(s) to student: _____

Contact Number (e.g. 858-822-4361): _____

I understand the procedures and check-in/check-out times for Family Weekend and verify that all of the above information is correct.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date