

2005 Armenian Summer Language Institute

ATTENTION ALL APPLICANTS

The 2005 Institute will take place from June 24 to August 22, 2005.
Please read all application materials carefully.

All application materials are due **March 4, 2005** and should be sent to:

Professor Kevork Bardakjian
Armenian Language Summer Institute
The University of Michigan
1080 South University, Suite 4640
Ann Arbor, MI 48109-1106
E-mail: kbar@umich.edu
Tel: 734-763-7655

COMPLETED APPLICATIONS SHOULD INCLUDE:

- A non-refundable \$100.00 (US\$) application fee. Checks/money orders should be made payable to the *University of Michigan*.
- An official university, college, or high school transcript
- One letter of recommendation from a college or university professor or high school teacher or principal (form included)
- One language report (form included) from a language instructor. If you have had no language instruction, please send two letters of recommendation. The instructors should send all letters of recommendation directly to Professor Bardakjian.
- Application form
- A Statement of Purpose (not to exceed two typewritten pages) that addresses applicant's exposure to Armenian culture and reasons for wanting to participate in the Summer Institute.
- Health History and Physician's Statement
- University of Michigan Student and Parental Permission Form, **PLEASE READ CAREFULLY AND SIGN PAGE 1.**
- You must have a passport, which is valid for six (6) months beyond the end dates of the Summer Institute (**March 2006**). If you do not have a passport, please begin making plans to obtain one *immediately*.
- Visa application form, available online at <http://www.armeniaemb.org/ConsularAffairs/Visa/Index.htm>
Those applying outside of the US should submit the application directly to their embassy when instructed to do so

If you have any questions about the application procedure, please contact us.

We look forward to receiving your completed application. Thank you for sending them promptly.

Armenian Summer Language Institute Application

PART 1 (To be completed by applicant)

1. Name _____ 2. Social Security No. _____
(Last) (First) (Middle) Univ of Mich ID # _____
3. Sex F ___ M ___ 4. Age _____ 5. Citizenship _____ (if not US citizen, answer 5a and b.)
- 5a (Visa Type) _____
- 5b. What is your native language? _____ If your native language is not English, it will be necessary for you to take either the MELAB (Michigan English Language Assessment Battery) or the TOEFL (Test of English as a Foreign Language). Indicate which you plan to take or have taken: () TOEFL on (give date) _____ If known, list total score: _____
() MELAB on (give date) _____ If known, list total score: _____
6. (a) Please mark the one race or ethnicity that you think applies to you best: ___ African American/Black ___ Asian or Pacific Islander
___ American Indian or Alaskan Native ___ Hispanic/Latino ___ White ___ Race Not Included Above, please specify _____
- (b) Are you multi-racial or multi-ethnic (parents are of two or more of the above groups)? If yes, please specify _____
7. Permanent Address _____ Phone _____
(Will be used for No. Street City State Zip
Emergency Contact)
8. Mailing Address _____ Phone _____
No. Street City State Zip
- 8b. E-Mail Address: _____ (Give any special instructions for Subject Lines if necessary)
(If available)
9. State of Legal Residence _____ County of Legal Residence _____
How long has the above state been your legal residence? Month _____ Year _____
10. Have you previously applied for admission to U-M? () yes () no
11. Have you previously attended classes at U-M? () yes () no If yes, in what department or college? _____
12. Indicate the first and last terms of enrollment at your University [include term (Fall, Winter, Spring, Summer) and year]
Degree status: First term _____ Last term _____
Nondegree status: First term _____ Last term _____
13. What college or high school are you presently attending? _____
Name City State
14. If not now in college, indicate last college attended: _____ Did you graduate? () yes () no
15. Last high school attended: _____ Date of graduation: _____
16. What course do you plan to take? A. Classical Modern Eastern Modern Western
B. For Credit? For Non-Credit?

I certify that the above statements are true. I agree to abide by the regulations of the University of Michigan while I am enrolled. I authorize the release of any records from my home institution, which the guest institution may require.

Print Name: _____

Signature

Date

Armenian Summer Language Institute Application

PART II. For students currently or formerly attending college (To be completed by college officials)

Print Name: _____

DIRECTIONS: To be delivered to your **University Registrar (or the office at your school that processes Guest Applications)** to fill out the appropriate section (Part II for college students and Part III for graduating high school students). **The completed application is to be sent to the University of Michigan Armenian Studies Language Program, Suite 4640, 1080 South University, Ann Arbor, MI 48109-1106.**

1. Institution currently or last enrolled _____ (Home Institution)
2. Enrollment status: Currently enrolled Formerly enrolled Last term of registration _____
3. Degree Status: _____ Semester/Quarter Hours of the _____ Required for the _____ Degree
4. Standing: In Good Standing "C" Average or Better/Current GPA _____ Eligible to Return Not Eligible to Return
5. I certify that the statements regarding the student identified above are true.

Signature	Title	Institution	Date
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NOTE: No applications will be accepted without the college seal.

[SEAL]

PART III. For guest students graduating from high school (To be completed by high school officials)

Graduating high school students must submit an official transcript with the Summer Guest Application.

Date of Graduation: _____

- 3.0 GPA or Better in College Prep Classes Below a 3.0 GPA in College Prep Classes

Signature	Title	Institution
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City	State	Seal	Date
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A SUMMER GUEST STUDENT:

1. -is subject to all the admission and registration regulations of the University of Michigan.
2. -does not have permission to register as a degree candidate at the University of Michigan.
3. **-is responsible to determine that the Home Institution will accept credit earned as a guest student.**
4. -must understand that falsification of any part of a Guest Application may result in cancellation of admission and/or registration.
5. -must arrange to have a transcript of any credit earned as a guest student sent from the University of Michigan to the Home Institution.

For office use only:

ACTION:

DEPT. APPROVAL:

Armenian Summer Language Institute Language Report

University of Michigan • Armenian Studies Program

1080 South University • Suite 4640 • Ann Arbor, MI 48109-1106

This form, to be sent by the recommender in a signed and sealed envelope to the address above, must be received by **March 1, 2005**.

Name of Applicant: _____

Name of Language Teacher: _____

Print: _____

Position/Title: _____

Applicant: sign above to waive your right of access to the information below.

Dept./Institution: _____

If this evaluation is not based on courses you taught to the applicant, please indicate how your evaluation was determined (e.g., “by means of a test,” “through daily contact,” etc.).

Language teacher’s signature

Date

<i>Language courses you taught to applicant</i>			
Course title			
Specific language or dialect taught			
Number of weeks in course			
Number of contact hours per week			
Textbook or teaching materials			

<i>Applicant’s Language Abilities: Check the appropriate box in each category: “1” is the lowest level; “5” is the highest.</i>						
		1	2	3	4	5
Speaking and Listening	Aural Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fluency of Self-Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vocabulary Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pronunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	Grasp of Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Knowledge of Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	Vocabulary Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Sentence Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Armenian Summer Language Institute Recommendation

University of Michigan • Armenian Studies Program

1080 South University • Suite 4640 • Ann Arbor, MI 48109-1106

This form, to be sent by the recommender in a signed and sealed envelope to the address above, must be received by **March 1, 2004**.

Name of Applicant: _____

Name of Recommender: _____

Print Name: _____

Applicant: sign above to waive your right of access to the information below.

Position/Title: _____

Dept./Institution: _____

Evaluation background: If this evaluation is not based primarily on courses you taught to the applicant, please indicate how your evaluation was determined (e.g., "by means of a test," "through daily contact," etc.). If necessary, please use the back of this form to supplement your comments or for any additional information.

Recommender's signature

Date

STUDENT AND PARENTAL PERMISSION FORM

Send in with completed application form.

Name of applicant (please print): _____

Program: _____

This form constitutes part of an agreement between the University of Michigan Armenian Studies Program (ASP), the student participating in that program and the parents of any participating student who is not self-supporting.* **Students are reminded that participation in the program is contingent on receipt of this essential form. Any student who does not return this form to the Armenian Studies Program/International Institute will not be allowed to participate in the study abroad program.** The undersigned agree(s) as follows:

1. To waive and release the University of Michigan (UM) and ASP, its employees and agents, the foreign host school, and the student's local school from any claim arising while participating in ASP for injury, loss, damage or expense resulting from accident, war, natural disaster, sickness, quarantine, terrorism, or government restrictions and regulations, and not due to the negligence of UM.
2. To indemnify UM, ASP, its employees and agents from any financial obligations or liabilities the student may personally incur while participating in ASP, including attorney's fees and court costs resulting from the student's acts, errors or omissions.
3. In a medical or other emergency, to grant UM, ASP, its employees and agents full authority to seek such medical treatment or other remedy as is deemed necessary during the student's ASP participation; to release UM, ASP, its agent and principals from liability for the actions taken, and to make immediate repayment at the conclusion of ASP for any special expense incurred or advanced for the actions taken.
4. To conform during student's participation in ASP to all reasonable standards of conduct promulgated by UM, ASP, its employees or agents to insure the best interest, harmony, comfort, and welfare of the ASP group and the individuals in that group. To accept termination of participation in ASP with no refund of fees and to accept responsibility for transportation costs home if the student fails to maintain those standards.
5. To accept total responsibility for the student's activities during the periods of independent travel and during absence from ASP supervised activities.
6. To accept changes in campus and advisor assignments, programs and itineraries if required by subsequent events.
7. To forfeit all fees paid if the student withdraws from the program for any reason whatsoever after the program has commenced.
8. To adhere to UM's requirement that all students be covered by appropriate accident and medical insurance and that they be financially responsible for such expenses. To accept that payment for medical expenses may have to be advanced and reimbursement sought later from the carrier. To accept that UM also requires that students planning to operate a motor vehicle obtain liability and collision insurance that will cover them in the applicable foreign countries. UM also recommends that students insure their property from loss and theft.

* Note: Self-supporting is defined as "Not listed as a dependent on parents' tax return in either of the past two years."

Print Name: _____

9. To the enforcement of this agreement under the laws of the State of Michigan, should any dispute arise.
10. To permit UM, and/or ASP to provide information about the student, or, as appropriate, to parents.

APPLICANT MUST BE COVERED BY HEALTH AND ACCIDENT INSURANCE WHILE ABROAD TO PARTICIPATE IN UM PROGRAM. Please indicate the following:

Insurance Company Name: _____

Policy Number: _____

Subscriber's Name: _____ Subscriber's SS#: _____ / _____ / _____

Please Note: Program Fees do not cover health or accident insurance costs, nor loss or damage to personal property. Certain insurance companies, including the company that underwrites the policy for students carrying C.I. E.E ID card, will write policies entitling you to compensation for monetary loss attendant upon unforeseen circumstances in this type of foreign study. We urge you to investigate this possibility.

To the student:

In order to participate in a UM-sponsored study abroad program, you are required to read and agree to the conditions outlined on the reverse side of this form. You are also responsible for reading and considering the information contained in all materials prepared and provided to you by the Armenian Studies Program/ International Institute and its study abroad partners. **It is your obligation to inform yourself about the program you have chosen and the arrangements for your participation.** We urge you to share all the information you receive with your parent(s) or guardian(s).

I have read the foregoing Student and Parental Permission Program Agreement Form and agree to the terms outlined above.

Signature of applicant: _____ Date: _____

I certify that I have no only one parent or guardian upon whom I am dependent for support. (Must be completed if a Student/Parental Permission will not be submitted and signed by two parents or guardians. Please check the first box if applicant is independent or the second box if the applicant is dependent upon only one parent or guardian.)

Signature of applicant: _____ Date: _____

Print Name: _____

For the parent(s)/legal guardian(s):

I / we certify that I / we am / are the responsible parent(s) or legal guardian(s) of the above applicant, that I / we have read the foregoing Program Agreement, and agree to the terms outlined above. I/we also understand that it is my/our responsibility to read and carefully consider all materials prepared and provided by the Armenian Studies Program/International Institute and to inform myself/ourselves about the terms and conditions of participation in the study abroad program. ***Both persons must sign if both are the responsible parents or legal guardians of the student.***

Signature of parent or guardian

Signature of parent or guardian

Address of parent or guardian

Address of parent or guardian

City, State, Zip

City, State, Zip

Day phone

Day phone

Evening phone

Evening phone

Armenian Summer Language Institute

University of Michigan • Armenian Studies Program

1080 South University • Suite 4640 • Ann Arbor, MI 48109-1106

Health History Form (2 pages)

This form must be completed and signed by the student and a physician. It must be returned to the Armenian Studies Program (Suite 3663, 1080 South University, Ann Arbor, MI 48109-1106). General appointments at the University Health Services (provided at no charge for enrolled UM Students) tend to fill up towards the end of the semester, so students are encouraged to make appointments early.

**Students are reminded that final acceptance for the program is contingent on receipt of this essential form. Any student who does not return this form to the Armenian Studies Program will not be allowed to participate in the study abroad program.

Program: Armenian Summer Language Program in Yerevan, Armenia

Semester: Academic Year Fall Winter Summer

STUDENT INFORMATION

Name: _____ Birthdate: _____ / _____ / _____

In case of emergency, the Director will need to make immediate contact with your family and/or physician. Please list such persons, with the addresses and telephone numbers (note daytime or evening hours) valid during the Program dates:

NAME: _____ **RELATION:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Daytime): _____ (Evening): _____

NAME: _____ **RELATION:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Daytime): _____ (Evening): _____

NOTE:

We do not discriminate against mental or physical handicaps; however, parents and students are urged to carefully consider participation under such circumstances. Often the additional stress of being in a foreign environment may aggravate existing conditions or precipitate new ones.

HEALTH HISTORY:

Please describe any medical (including psychiatric or psychological***) condition which might affect your ability to participate in all aspects of the Program (e.g. chronic conditions requiring regular medication, dietary restrictions, etc.)

Signature of Student: _____ Date: _____

STATEMENT BY PHYSICIAN

I have examined the applicant and believe him/her to be physically qualified to do efficient academic work abroad. He/She presents no evidence of over-fatigue or other conditions which would be detrimental to sustained effort. In my judgement, the applicant is not likely to need medical or surgical attention during the coming academic year as the result of any disease, operation, or injury previously experienced.

Doctor's Signature: _____ Date: _____

Doctor's Name (Printed): _____

Institution: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

STATEMENT BY PSYCHIATRIST/PSYCHOLOGIST*(required *only* if you have answered the above with an explanation of any psychiatric or psychological condition)**

I have examined the applicant and believe him/her to be emotionally qualified to do efficient academic work abroad, and to make a successful adjustment to life in a foreign country. In my judgement, the applicant is not likely to need medical attention during the coming academic year as the result of any psychological or psychiatric condition.

Doctor's Signature: _____ Date: _____

Doctor's Name (Printed): _____

Institution: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____