



## Educational Information

List all colleges and universities you have attended. Attach a separate sheet if necessary.

(Name)	(Date)	(Name)	(Date)
(Name)	(Date)	(Name)	(Date)

What is the highest degree you have attained? \_\_\_\_\_ Major: \_\_\_\_\_

Have you ever lived or studied abroad?  Yes  No

If yes, please provide details: \_\_\_\_\_  
(Purpose) (Country) (Length of time)

## English Proficiency Information

Participants in the IPD Program should have intermediate to advanced English proficiency. Participants will be tested upon arrival to determine if additional English study is required. If it is necessary, participants will be required to take general English language courses offered through the University's English as a Second Language program. Enrollment in these classes will be required until adequate language proficiency is attained.

Please indicate any standardized English assessment exams you have taken and list the scores.

- TOEFL Date taken: \_\_\_\_\_ Total Score: \_\_\_\_\_
- TOEIC Date taken: \_\_\_\_\_ Total Score: \_\_\_\_\_ Reading score \_\_\_\_\_ Listening score \_\_\_\_\_
- Other: \_\_\_\_\_ Date taken \_\_\_\_\_ Score \_\_\_\_\_

Have you ever taken any English programs or courses before?  No  Yes If yes, please complete:

\_\_\_\_\_  
(School name) (Location) (Length of time)

Have you ever taken any self-study English program?  No  Yes If yes, please complete:

\_\_\_\_\_  
(Purpose) (Materials) (Length of time)

## Employer Information

Present Employer: \_\_\_\_\_ Industry: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (Postal Code) (Country)

Describe your company and its products, services and corporate goals.

\_\_\_\_\_  
\_\_\_\_\_

What is your job title and department?

\_\_\_\_\_

What are your current and future job responsibilities?

\_\_\_\_\_  
\_\_\_\_\_

Name of person responsible for sponsoring you: \_\_\_\_\_

Length of time with present employer: \_\_\_\_\_

*A resume documenting work history is required to be submitted with this application.*

## Current Professional English Usage

How often do you use English at work?

- Everyday     Several times a week     Once a month     Never    Other: \_\_\_\_\_

Please indicate how you use English by checking the boxes below. If checking more than one box, please number them in the order of importance by writing in the line following the statement.

- |  |  |
|--|--|
| <input type="checkbox"/> Guide and entertain visitors _____      | <input type="checkbox"/> Make or receive calls _____       |
| <input type="checkbox"/> Listen to and give presentations _____  | <input type="checkbox"/> Negotiations _____                |
| <input type="checkbox"/> Participate in meetings _____           | <input type="checkbox"/> Read and write emails _____       |
| <input type="checkbox"/> Speak with colleagues and clients _____ | <input type="checkbox"/> Travel overseas on business _____ |
| <input type="checkbox"/> Write letters or faxes _____            | <input type="checkbox"/> Write reports and documents _____ |
| Other: _____   |  |

Which of the above areas do you find difficult and why?

\_\_\_\_\_

Have you used English professionally with other non-native speakers of English?

\_\_\_\_\_

## IPD Goals and Objectives

Why are you taking IPD?

\_\_\_\_\_

What are the goals or objectives you would like to personally achieve in IPD?

\_\_\_\_\_

What are your supervisor's or company's goals for you during this program?

\_\_\_\_\_

We'd like to learn which business skills and topics you are most interested in. Please check the box and if checking more than one, please number in order of importance.

### **Business Skills**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business entertaining _____   | <input type="checkbox"/> Documents & Reports _____ | <input type="checkbox"/> Meetings _____      |
| <input type="checkbox"/> Social conversations _____    | <input type="checkbox"/> Emails _____              | <input type="checkbox"/> Negotiations _____  |
| <input type="checkbox"/> Telephone conversations _____ | <input type="checkbox"/> Letters _____             | <input type="checkbox"/> Presentations _____ |

### **Business Topics**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Human Resources _____ | <input type="checkbox"/> Production _____  | <input type="checkbox"/> Travel _____ |
| <input type="checkbox"/> Management _____      | <input type="checkbox"/> Engineering _____ | <input type="checkbox"/> Trade _____  |
| <input type="checkbox"/> Marketing _____       | <input type="checkbox"/> Technology _____  | <input type="checkbox"/> News _____   |
| <input type="checkbox"/> Finance _____         | <input type="checkbox"/> Leadership _____  | Other: _____                          |

**One-on-One Meetings**

Please indicate as precisely as possible the topics or the area in which you are interested for your One-on-One meetings and /or other customized classes. Please choose the industry sector and category of business in which you have an interest. Please check the box and list your top three choices on the lines below.

**Industry Sector**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chemical _____       | <input type="checkbox"/> Construction _____  | <input type="checkbox"/> Energy _____             |
| <input type="checkbox"/> Finance _____        | <input type="checkbox"/> Health care _____   | <input type="checkbox"/> Hospitality _____        |
| <input type="checkbox"/> Mass Media _____     | <input type="checkbox"/> Manufacturing _____ | <input type="checkbox"/> Public service _____     |
| <input type="checkbox"/> Transportation _____ | <input type="checkbox"/> Technology _____    | <input type="checkbox"/> Telecommunications _____ |

**Category of Business**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Human Resources _____     | <input type="checkbox"/> Banking _____    | <input type="checkbox"/> Corporate Finance _____         |
| <input type="checkbox"/> Strategic planning _____  | <input type="checkbox"/> Legal _____      | <input type="checkbox"/> Communications _____            |
| <input type="checkbox"/> Material Management _____ | <input type="checkbox"/> Sales _____      | <input type="checkbox"/> Distribution /Warehousing _____ |
| <input type="checkbox"/> Quality management _____  | <input type="checkbox"/> Marketing _____  | <input type="checkbox"/> Manufacturing _____             |
| <input type="checkbox"/> International Trade _____ | <input type="checkbox"/> Technology _____ | <input type="checkbox"/> Electric Power _____            |
| <input type="checkbox"/> R&D _____                 | <input type="checkbox"/> IS or IT _____   | Other: _____   |

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

How did you hear about the IPD program?  Internet  Friend  Relative  Company

Publication (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Insurance**

All international participants in educational programming at the University of Nebraska at Omaha are required by law to be covered by adequate health insurance. Upon your arrival, you will be required to purchase special student health insurance at an approximate cost of \$125 per session.

*Tuition and fees must be paid in full  
before classes begin and are not refundable.  
Tuition and fees are subject to  
change without notice.*

---

## FINANCIAL STATEMENT

**Part A.** Please complete the statement below. This statement must be completed by your sponsor if you are less than 21 years of age. If you are 21 or over, you may complete the statement yourself.

I agree to accept full responsibility for these expenses. In addition, I grant permission for examination and/or treatment of the applicant at an appropriate medical center and for necessary referrals to other physicians and facilities. I also grant permission for release of information regarding my health to appropriate medical professionals.

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

Sponsors name \_\_\_\_\_  
(Please print)

Sponsor's address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

---

**Part B.** Please submit a statement of financial responsibility affirming that your expenses during your entire period of enrollment in IPD will be covered by you or your sponsor. Use one of the options below.

### Options for Statements of Financial Responsibility

1. Employer assumes responsibility for your expenses:

If your employer is assuming responsibility for your expenses while you are enrolled in IPD, please send an original (not a photocopy) *signed* and *dated* statement from an authorized representative of your employer (such as your manager). The following sample phrasing is acceptable for this statement:

To Whom It May Concern:

This is to certify that all necessary expenses incurred by (applicant) while studying at the University of Nebraska at Omaha shall be guaranteed by (financial sponsor). Such necessary expenses shall include, but not be restricted to, transportation to and from the United States, tuition and other school charges, medical expenses and insurance and living expenses.

2. You or your family assumes responsibility for your expenses:

If you or a personal sponsor (such as a family member) are assuming responsibility for your expenses while you are enrolled in IPD, please send an original (not a photocopy) *signed, dated and stamped* statement in English from a bank or financial institution verifying that there are adequate funds in your account to pay for all the expenses you incur during the entire period of your enrollment in IPD.

---

## Credit Card Payment Form

Trainee Name: \_\_\_\_\_

Card Type:     Visa             MasterCard             Discover

I authorize the following to be charged to my credit card (check all that apply):

- \$50 IPD Application Fee
- \$45 Express Mail Fee (Required if mailing to an International address – complete form below)

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Authorization/Security Code: \_\_\_\_\_

(The Authorization/Security code is found on back of card, usually in the signature area. Discover, MasterCard, and Visa have a 3-digit number)

Cardholder Name (please print): \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

---

## Express Mail Information

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Street

City

Postal Code

Country

Daytime Phone (REQUIRED): \_\_\_\_\_

E-mail (REQUIRED): \_\_\_\_\_