

# **SPEAC (Summer Programs East Asian Concentration)**

## **Intensive Chinese/Japanese Language Programs**

Department of East Asian Languages and Literatures

National East Asian Language Resource Center

East Asian Studies Center

**The Ohio State University**

### **2008 Application Procedures and Instructions for International Students**

#### **WHO SHOULD USE THIS APPLICATION AND INSTRUCTIONS?**

Use this application only if you are an international applicant. You are considered an **international applicant** if you **are not** a U.S. citizen, permanent resident, refugee, or political asylee. International applicants normally have obtained or expect to obtain an F-1 or J-1 student visa to study in the U.S. Holders of certain visas, such as H-1, J-2, F-2, etc., are also considered international applicants, and should follow the instructions as follows.

Dear International Applicants,

We appreciate your interest in SPEAC programs. Following is an application packet, including an application form, two reference forms, and an affidavit of financial support. **Please fill out the forms clearly and return all required materials listed on the following checklist to SPEAC before the deadline. All program related information will be sent out by email.** If you have any questions throughout the application process, don't hesitate to contact SPEAC by email at [speac@osu.edu](mailto:speac@osu.edu). More information is available at <http://deall.osu.edu/programs/summerPrgm>

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**Deadline: All materials must be received by SPEAC office by Friday, February 15, 2008**

#### **Application Materials to be mailed in to:**

**SPEAC**  
**Department of East Asian Languages and Literatures**  
**The Ohio State University**  
**398 Hagerty Hall**  
**1775 College Rd.**  
**Columbus, OH 43210**  
**U.S.A.**

#### **Application for Admission Checklist** (Please use this as a checklist and keep it for your records.)

- \_\_\_ (1) **The completed application form.** Be sure to sign the application form. Your application will not be processed without it.
- \_\_\_ (2) **Two reference forms** filled out by the appropriate referees. If you are returning the letters of reference yourself, make sure the referees sign across the seal of the envelope.
- \_\_\_ (3) **Official transcript(s)** from all post-secondary institutions attended.
- \_\_\_ (4) **A personal statement.** (Be sure to include your full name and social security number on it.)
- \_\_\_ (5) **A non-refundable application fee of \$50.** It must be in the form of a check or money order drawn on a U.S. bank, made it payable to SPEAC, the Ohio State University.

\_\_\_ (6) **A copy of your college degree diploma** with the date the degree was awarded if you earned a college degree.

\_\_\_ (7) **Affidavit of Financial Support for International Students.** This form must be signed by whomever will be paying for your education and be dated no more than one year prior to the time of planned enrollment. It must be written in English or accompanied by an English translation, which is sealed and signed by the appropriate bank or government official.

\_\_\_ (8) **Bank statements** to show that you and/or your personal sponsor have sufficient financial resources to cover your education and living expenses for the duration of your study at The Ohio State University. The amount shown on the bank statement must equal or exceed estimated expenses.

\_\_\_ (9) **Submit recent scores on the TOEFL** (Test of English as a Foreign Language). Minimum required scores are 527 on the paper version, or 197 on the computer version. You may have your score sent to SPEAC, The Ohio State University by the testing agency or send proof of the score yourself.

### **Notice of Admission to SPEAC**

We will send out admission notices in late April by email. If you have been admitted, your visa application form and instructions will accompany your letter of acceptance. If you have been accepted, you will also at this time receive a housing request form, meal information, and other pertinent information.

# SPEAC (Summer Programs East Asian Concentration)

## Intensive Chinese/Japanese Language Programs

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The Ohio State University

### Application Form

Language (check one)  Chinese  Japanese      Level sought (Check one)  I  II  IV

#### I. Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name      First Name      Middle Name      Month / Date / Year

Name in Japanese / Chinese (if applicable) \_\_\_\_\_

U.S. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Sex  Male  Female

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State (Prefecture, Province, etc.) \_\_\_\_\_

Zip(Postal)Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Permanent Address (if different from current address) \_\_\_\_\_

City \_\_\_\_\_ State (Prefecture, Province, etc.) \_\_\_\_\_

Zip(Postal)Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Place of Birth (City/Country) \_\_\_\_\_ / \_\_\_\_\_ Permanent country of residence \_\_\_\_\_

If you are not a U.S. citizen, check one:

\_\_\_\_ Non-immigrant. Visa Status (F-1, J-1, etc.) \_\_\_\_\_

\_\_\_\_ Immigrant. Alien registration number: A  Date received \_\_\_\_\_

\_\_\_\_ Refugee or asylum or other (specify) \_\_\_\_\_ Date received \_\_\_\_\_

Will you need to get a visa?  Yes  No

What is your ethnic background? (check one)  Black, non-Hispanic  American Indian or Alaskan native

Asian or Pacific Islander  Hispanic  White, non-Hispanic

Emergency Contact (name) \_\_\_\_\_

Relationship (mother, etc.) \_\_\_\_\_ Phone \_\_\_\_\_

Per the student's designation the University may or may not release certain information about each student to the public or through the student directory. Please indicate whether or not you agree to Personal Information Release.  Yes  No

Do you have health insurance:  Yes  No

If you do, name of carrier \_\_\_\_\_ Policy number \_\_\_\_\_

#### II. Registration Information

Have you ever registered and paid fees at OSU?  Yes  No

If yes, give last quarter and year attended \_\_\_\_\_

major/CAP \_\_\_\_\_ college/school \_\_\_\_\_

Have you requested a transfer from one undergraduate enrollment unit (college, school or division) to another within the past year?  Yes  No

Are you financially self-supporting?  Yes  No

Are you a dependent child of a parent (or legal guardian) or a spouse of a person who has accepted full-time employment in Ohio?  Yes  No

If the above question is YES, please provide the name of the person you indicated in above item:

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

The person indicated in above item has lived in Ohio (If NO, please go to next question):

From birth to present  Never  From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Are you presently under suspension/dismissal from any post-high school education, including Ohio State?  Yes  No

If yes, please attach a statement of explanation.

Is your cumulative point hour ratio (CPHR) a 2.00 (C) or higher on a 4.00 for all previous college work in the United States?  Yes  No

**III. Educational background** (List all post-secondary institutions attended, beginning with current or most recent)

Institution (Name)	Address (City, Country)	Dates Attended From (Mo/Yr) To (Mo/Yr)	Major or Program	Degree	Date Received (Mo/Yr)

**IV. Language and East Asian Related Background**

List any formal language courses you have taken, including Chinese and/or Japanese: (attach an additional sheet if necessary)

Course Title	Institution	Dates Taken	Credits Received

List the learning materials you have used for the language you plan to study this summer:

\_\_\_\_\_

\_\_\_\_\_

Including Chinese and Japanese, please list the languages you have studied other than your native language. Indicate (circle) your approximate level of competency: (1- poor, 2-fair, 3-good, 4-excellent)

Language	Speaking	Listening	Reading	Writing
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

What do you consider to be your native language? \_\_\_\_

What language is spoken most frequently at your home? \_\_\_\_\_

List all East Asia related courses, other than language courses, which you feel are relevant to your studies this summer. List a) courses on literature and culture and b) other courses and study with cultural relevance. (attach an additional sheet if necessary.)

Course	Institution	Dates Taken	Credits Received

Have you ever lived or studied in a foreign country  Yes  No

If yes, where and how long? \_\_\_\_\_

**V. Self-Evaluation**

Please rate yourself in the following areas: (check the appropriate box)

	Outstanding	Very good	Good	Fair
Motivation				
Maturity				
Ability to adapt to new and different environments				
Competitive drive				
Organization				
Ability to express one's self				

**VI. Personal Statement**

**Please describe in English your purpose in applying for the SPEAC intensive language program (Chinese or Japanese) and your academic and professional goals as they relate to the program. Limit your comments to 3200 characters (including space). We suggest that you work on this statement using a word-processing software and attach it to this application.**

**VII. References**

Please request two people who, in their professional capacities, can talk about your character and academic readiness to undertake the intensive study of Chinese or Japanese to complete the reference forms online. Please download the related reference form and give it to your reference. No family members, please.

List the names of the two people you have asked for letters of reference.

Name	Title	Institution

**VIII. Health Insurance:**

You are automatically enrolled in single Comprehensive coverage unless you complete the online waiver form by the deadlines. You will be required to provide proof of comparable coverage with the waiver request. The online waiver form is located at [www.ureg.ohio-state.edu](http://www.ureg.ohio-state.edu). Information regarding the health insurance requirement, the Student Health Insurance Plan, and the deadline for enrollment/withdrawal is located at [www.shc.ohio-state.edu/shi](http://www.shc.ohio-state.edu/shi).

**IX. English Test Information:**

1.  I plan to take the TOEFL on: \_\_\_\_\_ or MELAB on: \_\_\_\_\_  
mo/day/ yr mo/ day/ yr

2.  I took the TOEFL on: \_\_\_\_\_  
mo/day/yr

3. My scores are:

Computer-based test: Listening \_\_\_\_\_ Writing \_\_\_\_\_ Reading \_\_\_\_\_ Essay Rating \_\_\_\_\_ Total \_\_\_\_\_

Internet-based test: Listening \_\_\_\_\_ Writing \_\_\_\_\_ Reading \_\_\_\_\_ Speaking \_\_\_\_\_ Total \_\_\_\_\_

Paper-based scores are: Section 1 \_\_\_\_\_ Section 2 \_\_\_\_\_ Section 3 \_\_\_\_\_ Total Writing (TWE) \_\_\_\_\_

4.  I took the MELAB on: \_\_\_\_\_ and my scores are: Total: \_\_\_\_\_  
Mo/day/yr

TOEFL Test scores must be sent directly from the testing agency to SPEAC, The Ohio State University. If registered for TOEFL, use code #1592 to have scores sent to SPEAC. Enclose a copy of your student test score report, if available.

**X. Statement of Intention and Signatures**

**The SPEAC Language Programs are intensive studies in the Chinese or Japanese language. The course of study requires individuals to be in classes from four to five hours each day, and to spend between several hours daily preparing for classes. Students participating in this program are not permitted to take other classes or hold full time jobs without prior written permission; part-time employment is also strongly discouraged.**

**SPEAC program fees do not include Student Health Insurance, housing and meals.**

**Participant's failure to abide by these provisions may result in his/her disenrollment in SPEAC.**

**I fully understand the nature of SPEAC and will abide by the requirements and guidelines of the program.**

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

I affirm that the information I have provided on this application form and any additional information I submit related to the admissions/financial aid process is complete, accurate, and true to the best of my knowledge. If applicable, I authorize each high school and each college or school I have attended to release academic and personal information, as well as my employer to verify my dates of employment. I agree to submit other materials that are required for an admission application. I agree that as a student I will be subject to The Ohio State University Code of Student Conduct. I understand that furnishing false or incomplete information on any part of this application material or other related materials may result in cancellation of admission or registration or both.

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



# Affidavit of Financial Support for International Students

If you will need an F-1 or J-1 visa, Ohio State University is required by U.S. government regulations to check the availability of adequate funding for your tuition, fees, and living expenses for the duration of your studies. Until all funding documentation has been completed, signed, dated, and returned to the International Admissions Office, we will be unable to provide you with a notice of admission or with the documents necessary to obtain your visa.

## Documentation of Funds

Complete this form and provide documentation as required. All documentation of sources of support which you submit must: 1) include both your name and the sponsor's (account holder's) name; 2) be dated no more than one year prior to the desired quarter; and 3) be written in English. Translations must be signed and sealed by the appropriate bank or government official.

**Affidavit of Financial Support** --A separate Affidavit is required from each sponsor. Each sponsor (personal and institutional) must complete the appropriate *Affidavit of Support* on the back or provide a letter of sponsorship. The total funds on the Affidavit(s) must equal the total funds needed for the duration of your studies at Ohio State. Letters of sponsorship must be for Ohio State University specifically, and for no other college or university.

**Bank Statement**--Each personal sponsor (friends, family, self) must provide a statement or letter from the bank showing U.S. dollars, or type of currency where the account is held, totaling the amount needed for the duration of your studies at Ohio State. The name of the account holder must be the same as the signature on the *Affidavit of Support*.

## Estimated Expenses for a Single Student for One Quarter

All amounts below are current for 2006-2007 and are subject to change without notice. In 2006-2007 and beyond, plan for 5% to 10% annual increases for all costs.

	Tuition	Books & Supplies	Health Insurance	Living Expenses	Total Expenses
Graduate	(1 quarter)	(1 quarter)	(1 quarter)	(7 weeks)	(Estimated)
	\$7,095	\$360	\$432 Single Student	\$1,400 Single Occupancy	\$9,287

For more fees, please visit OSU Registrar's Office's web site at <http://www.ureg.ohio-state.edu/ourweb/more/Content/FeeTables/MainFeeTables.htm>

## Applicant's personal information

Last/family name \_\_\_\_\_ First/given name \_\_\_\_\_ Middle name \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_\_ Country of citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Country of birth \_\_\_\_\_ City of birth \_\_\_\_\_ Country of residence \_\_\_\_\_

U.S. Social Security Number or Ohio State applicant number \_\_\_\_\_

Are you presently residing in the U.S.?  yes  no If yes, what is your current status?  F-1  J-1  other

If no, do you plan on enrolling in any program in the U.S. prior to your enrollment at Ohio State?  yes  no

If yes, where? \_\_\_\_\_ On what visa status will you attend Ohio State?

The status checked above  I want to apply for a change of status to  F-1  J-1  other

If you hold an F-1 or J-1 visa, what institution issued the DS-2019 or I-20? \_\_\_\_\_

If you are presently an F-1 or J-1 student, where are you enrolled? If you are presently on OPT, when will it expire?

**Affidavit of Support from Personal Source (Family, Friends, Self)**

**Directions:** Ask your personal sponsor(s) to complete the appropriate sections below. Where several sponsors will be offering partial support, provide a copy of both sides of this form for each, including yourself if you are supporting yourself to any degree.

I will provide FULL FINANCIAL SUPPORT for the applicant's educational and living expenses for the entire length of study at Ohio State. As verification that funding is available, I have attached original bank statement(s).

I will provide PARTIAL FINANCIAL SUPPORT. Amount: \$ \_\_\_\_\_

Duration of support:  10 weeks                       7 weeks                       3 weeks                       Other \_\_\_\_\_

As verification that funding is available, I have attached original bank statement(s).

I will provide full support for spouse and/or children if accompanying applicant to the United States.

**Personal Sponsor:** Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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

**APPLICANT'S DECLARATION**

I, \_\_\_\_\_ (applicant's printed name), hereby promise that the information provided is correct and complete. I understand I ultimately am responsible for all anticipated expenses related to my participation to SPEAC program for the length of my stay in the United States.

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

**Affidavit of Support from the Funding Agency  
(Government, Organizations, or Institution/School)**

**Directions:** Please ask your funding agency to complete this form or to provide an original letter including the following details regarding your support.

We, \_\_\_\_\_ (name of supporter), hereby certify that we will pay the following expenses for \_\_\_\_\_ (applicant) from \_\_\_\_\_ (country).

- tuition and fees                                       living expenses for student
- health insurance                                       living expenses for spouse and children

Study is approved for \_\_\_\_\_ (program title) in Summer Programs East Asian Concentration at the Ohio State University.

Funding is effective from \_\_\_\_ / \_\_\_\_ (mo/yr) to \_\_\_\_ / \_\_\_\_ (mo/yr). Total award is \$ \_\_\_\_\_ (US dollars).

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

Official title: \_\_\_\_\_ Office or Division: \_\_\_\_\_

Address: \_\_\_\_\_

Address where tuition and fees will be billed, if applicable: \_\_\_\_\_

Official Seal of Funding Institution (if available)

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