

University of Idaho

Incoming ALCP Exchange Student Verification

Exchange Student Information:

Name as on passport: _____
First Name Middle Name (if any) Last Name(s)

What is your home university? _____

Desired Exchange Term(s): Fall Spring Academic Year Summer 20_____

Emergency Contact Information (if different from parents/guardians):

Name: _____ Relationship: _____

Current Address: _____

Telephone: _____ E-Mail: _____

UI American Language & Culture Program (ALCP) Exchange Student Policies & Student's Signature

- ALCP students are eligible to take regular University of Idaho (UI) courses if they test into ALCP Level 5 or above.
- The following tuition is covered for ALCP Exchange students:
 - Full-time ALCP tuition only, or
 - Half-time ALCP tuition plus 5 regular UI credits only
- ALCP students who test into ALCP Level 5 or above, must pay for any regular UI credits they take beyond the limits listed above.

I understand and agree to the UI ALCP Exchange Student Policies.

Student Signature: _____ Date _____

Please submit this application plus accompanying documents to the International or other designated office at your home university.

Home University Approval:

(To be filled-out by your home school's International Office)

Administrator's Name: _____ Title: _____

Department: _____

Telephone: _____ Fax: _____

Email: _____

I approve this student's application for ALCP exchange at the University of Idaho.

Signature: _____ Date _____

Application Deadlines:

- **May 15** (fall/academic year applicants)
- **October 15** (spring applicants)
- **February 15** (summer applicants)