

# University of Idaho

## *Incoming ALCP Exchange Student Verification*

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### **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\_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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### **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 and decide to take regular UI credits above the amounts covered by the exchange benefits (listed above) are responsible to pay the cost of those credits.

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

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

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**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 \_\_\_\_\_

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### **Application Deadlines:**

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