CELCIS Fall 2016 Registration

New Student

Name:	ars on passport and I-20	First	Middle
			wildule
WMU ID number:	II C Dhone Number	L-IIIaII	5
Gender:	U.S. Phone Number	·	Date of birth:
Country of birth:			tizenship:
Home country mailing a	address:		including zip code
Address in the U.S.:			
Classification:	Major (Gr	raduate and undergrad	
NAME OF PERSON TO C	ONTACT IN CASE OF AN	EMERGENCY:	
In U.S.:			
(name)			(relationship to you)
(address inclu	ding zip code)		(phone number)
In home country:	(name)		(relationship to you)
	(address including zip code)		(phone number)
PAYMENT AND MEDICAI	L INSURANCE INFORMATI	ION	(profit name)
Who will pay your tuition	on?	If Other,	please specify:
Where will your medica	I Insurance come from?		If Other, please specify:
IMMIGRATION DOCUME	NT INFORMATION		
	ternational Admissions an rrival/departure record (•	a copy of my passport, visa, I-20/DS-2019, an
City of airport entry:		Arrival Date:	
Visa Type:		If Othe	er, please specify:
	ent, please select the 1-2 /Listening		ould like to take: mmunication Reading/Writing
By signing this form,	I am giving consent to be	e registered for	CELCIS classes.
☐ I agree to apply for a	an extension of my I-20/[OS-2019 at least	30 days before my I-20/DS-2019 end date.
☐ I understand that d	uring the fall semester,	I will be enroll	led in a UNIV 1010/UNIV 1020 course.
STUDENT SIGNATURE:			DATE:
_	7.1.	onleted by OFLOW	C ataff.
		mpleted by CELCIS	
UNIV 1010/	UNIV 1020: Course N	Number:	CRN: OUG OG

HOW TO MAINTAIN YOUR CELCIS STUDENT STATUS

NAME OF STUDENT:	WIN
	e always speak with the International Student Admissions lding) if you have any questions. Your instructors, friends, at they may not always have all the answers.
Students must do the following things: 1. You must maintain a valid passport at times).	all times (which is valid for 6 months into the future at all
2. You must have a valid I-94 Arrival/Dep	arture Record at all times.
3. You must have a valid, unexpired I-20	or DS-2019 at all times.
· · · · · · · · · · · · · · · · · · ·	n a full-time basis. The International Student Admissions olems with absences or lack of progress to DHS (Department of
5. You must attend CELCIS classes at We	stern Michigan University.
If you change your address, you must days of that change.	notify the International Student Admissions Counselor within 5
7. If you change your name, you must no	tify the International Student Admissions Counselor.
You must apply for an extension with t expiration date on your I-20.	he International Student Admissions Counselor before the
You must notify the International Stude from parents to scholarship) and re	ent Admissions Counselor if your funding changes (example: equest a new I-20 or DS-2019.
10. Always consult with the International	Student Admissions Counselor before traveling outside the U.S.
 If you want to bring your family to the Student Admissions Counselor. 	e U.S. on an F-2 or J-2 visa, please see the International
allowed to work on campus up to 2	ous. F-1 students, who are maintaining their F-1 status, are to hours per week when they are studying. During your you may work full-time on campus. J-1 students may only work athorization in advance.
Counselor before the transfer. You	ool, you must talk to the International Student Admissions will give a completed Transfer-Out Request form, along with new school, to the International Student Admissions
the International Student Admissio	or are asked to leave the university, you must report this to ns Counselor immediately. If you report to the International r to your withdrawal, you will have 15 days to leave the U.S. If immediately
	following degree/program completion is 60 days for F-1 nts. This is called a "grace period". During this time, you are
•	or International Admissions and Services. Please contact the ou have any questions or concerns about immigration.

I HAVE RECEIVED A COPY OF THIS FORM.

SIGNATURE:

Sound and Image Release Form

I understand and agree that sound recording and/or photographic, film, or video images may be taken of me by CELCIS, Western Michigan University, its faculty, employees, other students, and other individuals. I agree that they may be used by CELCIS, Western Michigan University, and its authorized employees, agents, or assignees, in whole or in part, for the purpose of education, information, or illustration in any lawful manner.

Print Name	
Address	
Signature	
Signature	
W.I.N.	
Date	
	(month, day, year)
If under eight	teen (18) years of age, parent or legal guardian must sign below.
Relationship	
Print Name	
Signature	
Date	
Department	
Faculty/Staff/	Director

WESTERN MICHIGAN UNIVERSITY

Center for English Language and Culture for International Students (CELCIS) Agreement, Consent, Waiver, and Liability Release for Adult Student

The undersigned student, who certifies that she/he is eighteen years of age or older, agrees that she/he will voluntarily participate in activities of CELCIS through Western Michigan University (WMU), the Center for English Language and Culture for International Students, and/or Diether H. Haenicke Institute for Global Education. I understand that these activities may include, but are not limited to off campus sporting events, sledding, horseback riding, bowling, and shopping (ACTIVITIES). In exchange for being allowed to voluntarily participate in the ACTIVITIES the undersigned releases Western Michigan University and its trustees, executive board, agents or employees will not be held responsible for any personal injury, death, or loss of property to myself, however caused and agree to release all above listed WMU parties from all claims or damages which may arise from the ACTIVITIES

Western Michigan University programming staff reserves the right to terminate the stay of any student without refund and without formal hearing, when it is deemed to be in the best interest of either the student or the group as determined by the Western Michigan University programming staff. WMU programming staff reserves the exclusive right to establish and determine the standards of conduct, behavior, and performance of participants engaging in an event and to acquire compliance with such standards as a condition to continued participation in an event.

The undersigned hereby further consent to the Western Michigan University programming staff that all expenses relating to medical treatment during the term of my participation in an ACTIVITY will fall directly under the undersigned student's responsibility.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT, CONSENT, WAIVER, AND, LIABILITY RELEASE, AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Student's Printed Name:	Phone#	
Student's Signature:		
WIN #:		
Emergency contact name and telephone #		