



B.E.S.T. SUMMER PROGRAM 2016: ENTREPRENEURSHIP 101 APPLICATION INSTRUCTIONS

List of documents included in the application package

- 1) Application instructions (this document);
- 2) B.E.S.T. 2016 student application form;
- 3) B.E.S.T. 2016 consent and release form;
- 4) Affidavit of support form;
- 5) Health requirements form (English); and
- 6) Health requirements form (Chinese).

Application Instructions

To apply for the program, please submit the following documents by **June 24, 2016**:

- Completed 'B.E.S.T. 2016 student application' form;
- Completed 'B.E.S.T. 2016 consent and release' form (completed by parent/guardian if you are under the age of 18);
- Official transcript(s) from home institution;
- Proof of English proficiency (i.e., TOEFL, IELTS, CET-4/CET-6, high school English grade, or approval from home institution);
- Completed 'affidavit of support' form and bank statement(s) indicating that you have support to cover the expenses associated with the program (minimum USD 6,000);
- Copy of passport (photo page only).

Application Submission

Please email Zhang Dong at zdong1@udayton.edu the following documents:

- Scanned/electronic copy of completed 'B.E.S.T. 2016 student application' form;
- Scanned/electronic copy of completed 'B.E.S.T. 2016 consent and release' form (if applicable);
- Scanned/electronic copy of official transcript(s) from home institution;
- Scanned/electronic copy of proof of English proficiency (i.e., TOEFL, IELTS, CET-4/CET-6, high school English grade, or approval from home institution);
- Scanned/electronic copy of completed 'affidavit of support' form;
- Scanned/electronic copy of bank statement(s) (minimum required funds USD 6,000);
- Scanned/electronic copy of passport (photo page only).

Please send your original bank statement(s) and completed 'affidavit of support' form via post to:

Sean McCarthy
Enrollment Management & Marketing
University of Dayton
300 College Park
Dayton, OH
U.S.A. 45469-1323

Please bring your completed health requirements form with you to the University of Dayton for collection upon arrival. The application package contains both an English and Chinese version of the form. If applicable, you may choose to complete the Chinese version, if you do so, please ensure that it is **completed in English**.



B.E.S.T. Summer 2016 Program: Entrepreneurship 101 Student Application

Students of the B.E.S.T. summer 2016 program: Entrepreneurship 101, are those students who are either currently enrolled in a degree program at the university level at another institution OR has at least completed their sophomore year of high school, and who wish to participate in a practical learning experience at the University of Dayton during the summer. Please note that B.E.S.T. students are responsible for the full cost of attendance at the University of Dayton. Availability of university housing varies each semester.

To be eligible for consideration as a B.E.S.T. international student, students must meet the following criteria:

- Be enrolled in a degree program at the university level OR at least have completed their sophomore year of high school at an institution outside the United States;*
- Be in good academic standing;*
- Have completed a minimum of one semester of undergraduate study (university level students only).*

Section 1: Student Information

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Date of Birth (mm/dd/yyyy):	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Country of Birth:	<input type="text"/>
City of Birth:	<input type="text"/>
Country of Citizenship:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Permanent Address:	<input type="text"/>
Mailing Address: (If different from above)	<input type="text"/>

Section 2: Educational Background (Home Institution)

Current Institution:

Address of Institution:

First Attended (mm/dd/yyyy):

Last Attended (mm/dd/yyyy):
(Leave blank if still attending)

Level of Study: High School College/University Graduated: Yes No

G.P.A.:

English Proficiency Exam:

Score:

If no English proficiency score is available, will your home institution provide documentation as support that you are proficient in English?

Yes No

The Dean, Registrar or authorized official from the home institution MUST sign this form and apply the official seal for authorization.

I certify that the above student is enrolled and in good academic standing at:

Name of Institution:

He/she has been given approval to take courses at the University of Dayton during Summer 2016.

Name:

Title/Position:

Signature and Official Seal:

PARENTAL/LEGAL GUARDIAN CONSENT (If under 18 years of age)

As parent/legal guardian of this student, I authorize him/her to travel to the University of Dayton in Dayton, Ohio, United States of America for the B.E.S.T. program offered from July 18-29, 2016. I acknowledge that this student has major medical insurance that will cover this child for medical treatment in the United States. I authorize the University of Dayton to make medical treatment decisions for the student in cases of emergency. In addition, emergency contact information is provided:

Name:

Address:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Signature of Parent/Guardian:

University of Dayton
300 College Park
Dayton, OH
U.S.A. 45469-1671



INFORMED VOLUNTARY CONSENT AND GENERAL RELEASE

(For parent/guardian signature of participants under age 18)

In consideration of participation in the University of Dayton activity/program as described herein, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity/program, I, on behalf of my child, voluntarily consent to use of the facilities and participation in the activities/programs at this site, and assume all the risks arising therefrom.

Group Name: B.E.S.T. Summer 2016: Entrepreneurship 101

Description: Enrollment Management – B.E.S.T. Summer 2016 Program: Entrepreneurship 101

Location: University Summer Conference – University of Dayton Release

Date(s) of Activity/Program: July 18-29, 2016

I hereby declare that my child is in good health and has no mental or physical condition or symptoms that could interfere with her/his safety or the safety of others while participating in any activity using any equipment or facilities of the University of Dayton. Furthermore, I certify that (s)he has adequate health insurance to cover any injury or damage that (s)he may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to her/him.

I, the undersigned, do hereby release, hold harmless, indemnify, waive, and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages my child may suffer or sustain from her/his participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my child's participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton officials and Board of Trustees of University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above statements.

Print Name of Participant

Print Name of Parent/Legal Guardian

Signature of Participant

Signature of Parent/Legal Guardian

Date

Date

AFFIDAVIT OF SUPPORT

The University of Dayton and U.S. Department of Homeland Security require confirmation of financial resources from all applicants who hold or plan to apply for international student (F-1) or exchange visitor (J-1) visas at the time they apply for admission. These statements must be on file in the Graduate and International Admission Processing office before the final evaluation is completed. The applicant is advised that the tuition, fees and other charges for the semester are due at the beginning of each term. The international student must be prepared to meet these financial obligations. For a list of charges, please refer to the estimate of expenses provided in the application or on the Web. *Tuition, fees and other expenses are subject to change.*

PART I: TO BE COMPLETED BY APPLICANT AND SPONSOR

I certify that I will have a minimum of \$ _____ in U.S. currency available to me for each 12-month academic year I am studying at the University of Dayton, exclusive of travel funds. These funds will be provided (check one):

from my own savings from my family other (specify): _____

Student's name (please print): _____

Family name

First name

Middle name

I certify that I have adequate funds for my travel to and from the U.S. I further certify that I can make the necessary arrangements to have these funds transferred to the United States.

Signature of applicant

Sponsor's name (please print)

Signature of sponsor

Relationship of sponsor: _____

Address of sponsor: _____

PART II: TO BE COMPLETED BY AN OFFICER OF THE BANK OR FINANCIAL INSTITUTION

This is to certify that _____, whose signature appears above, has liquid funds at this time, as noted above, to meet the expenses of the student named. This certificate does not constitute a statement of liability on my part or on the firm or bank I represent.

Signature _____ Date _____

Organization _____
(Required: include organizational seal or stamp)

Address _____

UNIVERSITY OF DAYTON HEALTH REQUIREMENTS

Return completed forms to University of Dayton Gosiger Health Center
300 College Park | Dayton, OH 45469-0900 | Phone: 937-229-3131 | Fax: 937-229-3107

Name _____
First Middle Last

Address _____

City State Zip Country

Cell Phone (_____) _____ Email _____

Date of Birth ____/____/____ Age at the time you will enter the University _____

Student ID number (required) _____

First term of Enrollment (circle) Fall Spring Summer I Summer II Year: 20 _____

Please circle: Freshman Law/ Grad. Student Transfer International Student Commuter Online Class Only

THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

Required immunizations: This information **must** be submitted to avoid a **medical hold** on class registration.
Due July 1 for fall semester, Jan 1 for spring semester.

MMR (Measles, Mumps, Rubella): Two doses required for **all** students born in 1957 or later.

Dose 1– Given at age 12 months or later. Date of administration ____/____/____

Dose 2– Given at least one month after the first dose. Date of administration ____/____/____

Exemption: Students born before 1957 are exempt from this requirement. Proof of positive **MMR titer** results also satisfy the MMR requirement (**attach lab reports**).

HEALTH CARE PROVIDER (Signature or stamp required)

Name _____ Signature _____
(Please print)

Address _____

Phone (_____) _____ Date _____

Student name (print) _____ Student ID # _____

Meningitis and Hepatitis B vaccines are strongly recommended. The state of Ohio **requires** that **all** students who plan to live on campus disclose whether or not they have been vaccinated against Meningitis and Hepatitis B or **sign** the vaccine disclosure statement (below).

Hepatitis B: Dose 1 ____/____/____ Dose 2 ____/____/____ Dose 3 ____/____/____ (required for Doctor of Physical Therapy students)

Meningococcal vaccine: Menactra ____/____/____ Menveo ____/____/____ Menomune ____/____/____

Declined meningitis or hepatitis B vaccination (student signature required, parent if student is under 18)
I have read the attached CDC guidelines and understand the associated risk of Meningococcal disease and Hepatitis B disease.

Signature _____ Date _____

OPTIONAL IMMUNIZATIONS

The following vaccines are strongly recommended, but are not required for admission.

- 1. Tetanus and Diphtheria (date of most recent):** Tdap: ___/___/___ or Td: ___/___/___
(Tdap is required for students who will be working in childcare settings, including some Education students.)
- 2. HPV (Human Papillomavirus):** Dose #1: ___/___/___ Dose #2 : ___/___/___ Dose #3 : ___/___/___
- 3. Hepatitis A:** Dose #1: ___/___/___ Dose #2 : ___/___/___
- 4. Varicella:** Dose #1: ___/___/___ Dose #2 : ___/___/___
- 5. Other vaccinations** (e.g. oral typhoid for travel etc.) _____

TUBERCULOSIS (TB) QUESTIONNAIRE Required for all students (please circle response)

1. Have you had contact with a person with active TB? Yes No
2. Have you ever lived or worked in a nursing home, correctional facility (jail/prison), homeless shelter, hospital, or other healthcare facility? Yes No
3. Do you have a chronic medical condition or take medication that impairs the immune system? Yes No
4. Have you ever used illegal IV drugs or cocaine? Yes No
5. Were you born in one of the countries listed below, or spent more than 1 month visiting these countries?
(If yes, please circle the country or countries, below) Yes No

Afghanistan	Côte d'Ivoire	Japan	Nicaragua	Sudan
Algeria	Croatia	Kazakhstan	Niger	Suriname
Angola	Democratic People's Republic of Korea	Kenya	Nigeria	Swaziland
Argentina	Democratic Republic of the Congo	Kiribati	Pakistan	Syrian Arab Republic
Armenia	Djibouti	Kuwait	Palau	Tajikistan
Azerbaijan	Dominican Republic	Kyrgyzstan	Panama	Thailand
Bahrain	Ecuador	Lao People's Democratic Republic	Papua New Guinea	The former Yugoslav Republic of Macedonia
Bangladesh	El Salvador	Latvia	Paraguay	Peru
Belarus	Equatorial Guinea	Lesotho	Peru	Timor-Leste
Belize	Eritrea	Liberia	Philippines	Togo
Benin	Estonia	Libyan Arab Jamahiriya	Poland	Tunisia
Bhutan	Ethiopia	Lithuania	Portugal	Turkey
Bolivia (Plurinational State of)	Fiji	Madagascar	Qatar	Turkmenistan
Bosnia and Herzegovina	Gabon	Malawi	Republic of Korea	Tuvalu
Botswana	Gambia	Malaysia	Republic of Moldova	Uganda
Brazil	Georgia	Maldives	Romania	Ukraine
Brunei Darussalam	Ghana	Mali	Russian Federation	United Republic of Tanzania
Bulgaria	Guam	Marshall Islands	Rwanda	Uruguay
Burkina Faso	Guatemala	Mauritania	Saint Vincent and the Grenadines	Uzbekistan
Burundi	Guinea	Mauritius	Sao Tome and Principe	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Senegal	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Seychelles	Viet Nam
Cape Verde	Haiti	Morocco	Sierra Leone	Yemen
Central African Republic	Honduras	Mozambique	Singapore	Zambia
Chad	India	Myanmar	Solomon Islands	Zimbabwe
China	Indonesia	Namibia	Somalia	
Colombia	Iraq	Nepal	South Africa	
Comoros			Sri Lanka	
Congo				

(Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>)

IF YOUR ANSWERED YES TO TB QUESTIONS 1-5 OR CIRCLED ONE OR MORE COUNTRIES ABOVE, THE FOLLOWING INFORMATION IS REQUIRED WITHIN ONE YEAR PRIOR TO ARRIVAL.

Tuberculin Skin Test Date given: ___/___/___ Date read: ___/___/___
Result: _____ mm Negative Positive (Attach results)

or TB blood test (IGRA such as T-spot or Quantiferon Gold) Negative Positive (Attach results)

Chest X-ray result (required if tuberculosis skin or blood test is positive): Date ___/___/___ Normal Abnormal
(Attach results)

必须使用英文填写本表格

戴顿大学健康要求

将完成后的表格返回至戴顿大学 Gosiger 健康中心

俄亥俄州戴顿市学院公园300号, 邮编45469-0900 电话 937-229-3131 传真937-229-3107

本表格必须由医护服务机构来完成和签署

必须提交本材料, 避免出现因健康问题而耽搁课程注册的情况。

提交截止日期: 7月1日 (秋季学期), 1月1日 (春季学期)

姓名 _____
名 中间名 姓

地址 _____

城市 省 邮编 国家
手机号 (_____) _____ 邮箱 _____

出生日期: ____年__月__日 入学时年龄: ____

学号 (必填): _____ 入学上学期 (画圈) 秋季 春季 夏季上学期 夏季下学期 20__年

请在以下选项上画圈: 新生 法科学生/研究生 转校生 国际留学生 非住校学生 网上课堂学生

规定的免疫疫苗接种: MMR (麻疹、腮腺炎和风疹的混合疫苗): 1957年或1957年之后出生的所有学生必须接种两次。

指定的第一次接种时间 - 1岁或1岁以上 实施日期: ____年__月__日

指定的第二次接种时间 - 第一种接种后至少1个月 实施日期: ____年__月__日

豁免规定: 1957年之前出生的学生不受该要求的限制。 **MMR 浓度测定的阳性结果**证明也满足该混合疫苗的要求。(附上实验报告)。

医护服务机构: (要求签名或盖章)

姓名: _____ 签名: _____
(请打印)

地址: _____

电话: (_____) _____ 日期: _____

学生姓名 (印刷名) _____ 学号 _____

强烈推荐接种**脑膜炎疫苗**和**乙肝疫苗**。根据俄亥俄州的规定, 计划住校的所有的学生必须透露其是否接种过脑膜炎疫苗和乙肝疫苗, 或**填写**以下疫苗披露声明。

乙肝疫苗: 第一次接种: ____年__月__日 第二次接种: ____年__月__日 第三次接种: ____年__月__日 (对攻读理疗博士学位的学生来说是必填项)

脑膜炎球菌疫苗: 脑膜炎疫苗 ____年__月__日 第二次预防注射 (如果第一次接种后的时间超过5年, 建议注射) ____年__月__日

脑膜炎球菌接合疫苗 ____年__月__日

脑膜炎疫苗 ____年__月__日

拒绝接种脑膜炎或乙肝疫苗 (要求学生签名, 学生如不满18岁, 则由学生家长代表签名)

我已经阅读了附带的疾病预防控制中心的相关指南, 了解了患**脑膜炎球菌病**和**乙肝病**的相关风险。

签名 _____ 日期: _____

可选免疫疫苗接种

强烈推荐接种以下疫苗，但是目前不要求必须接种。

1. **破伤风和白喉疫苗（最近接种日期）**：破伤风、白喉和百日咳混合疫苗：__年__月__日或破伤风和白喉疫苗：__年__月__日
（对于将从事儿童保育工作的学生（包括一些教育专业的学生），要求其接种破伤风、白喉和百日咳混合疫苗。）
2. **HPV（人类乳头瘤病毒疫苗）**：第一次接种：__年__月__日 第二次接种：__年__月__日 第三次接种：__年__月__日
3. **甲肝疫苗**：第一次接种：__年__月__日 第二次接种：__年__月__日
4. **水痘疫苗**：第一次接种：__年__月__日 第二次接种：__年__月__日
5. **其他疫苗接种**：（例如，旅行时，要接种的口服伤寒疫苗。）_____

结核病调查表：适用于所有学生。

（请画圈）

1. 你是否曾与患活动性结核病的患者接触过？ 是 否
2. 你是否曾在私人疗养院、监狱（拘留所）、流浪汉之家、医院或其他卫生医疗机构呆过或工作过？ 是 否
3. 你是否有慢性疾病或正服用有损免疫系统的药物？ 是 否
4. 你是否曾有过静脉注射非法毒品或可卡因的经历？ 是 否
5. 你是否出生于以下列出的国家之一或曾呆在这些国家1个月以上？ 是 否

（如果是的话，请在以下一个或多个国家上画圈）

阿富汗	科特迪瓦	日本	尼加拉瓜	苏丹
阿尔及利亚	克罗地亚	哈萨克斯	尼日尔	苏里南
安哥拉	朝鲜民主主义人民共和国	肯尼亚	尼日利亚	斯威士兰
阿根廷	刚果民主共和国	基里巴斯	巴基斯坦	阿拉伯叙利亚共和国
亚美尼亚	吉布提	科威特	帕劳共和国	塔吉克斯坦
阿塞拜疆	多米尼加共和国	吉尔吉斯斯坦	巴拿马	泰国
巴林岛	厄瓜多尔	老挝人民民主共和国	巴布亚新几内亚	前南斯拉夫马其顿共和国
孟加拉国	萨尔瓦多	拉脱维亚	巴拉圭	东帝汶民主共和国
白俄罗斯	赤道几内亚	莱索托	秘鲁	多哥
伯利兹城	厄立特里亚国	利比里亚	菲律宾	突尼斯
贝宁	爱沙尼亚	利比亚	波兰	土耳其
不丹	埃塞耳比亚	立陶宛	葡萄牙	土库曼斯坦
多民族玻利维亚国	斐济	马达加斯加岛	卡塔尔	图瓦卢
波斯尼亚和黑塞哥维那	加蓬	马拉维	大韩民国	乌干达
博茨瓦纳	冈比亚	马来西亚	摩尔多瓦共和国	乌克兰
巴西	格鲁吉亚	马尔代夫	罗马尼亚	坦桑尼亚联合共和国
文莱	加纳	马里	俄罗斯联邦	乌拉圭
保加利亚	关岛	马绍尔群岛	卢旺达	乌兹别克斯坦
布基纳法索	危地马拉	毛里塔尼亚	圣文森特和格林纳丁斯	努瓦阿图
布隆迪	几内亚	毛里求斯	圣多美与普林西比共和国	委内瑞拉玻利瓦尔共和国
柬埔寨	几内亚比绍	密克罗尼西亚联邦	塞内加尔	越南
喀麦隆	圭亚那	蒙古	塞舌尔	也门
佛得角	海地	摩洛哥	塞拉利昂	赞比亚
中非共和国	洪都拉斯	莫桑比克	新加坡	津巴布韦
乍得	印度	缅甸	所罗门群岛	
中国	印度尼西亚	尼泊尔	索马里	
哥伦比亚	伊拉克		南非	
科摩罗			斯里兰卡	
刚果				

（来源：世界健康组织《全球卫生瞭望》，2010年结核病发病率。发病率高于20例/100,000人的国家。为了以后能获得最新的信息，请参考<http://apps.who.int/ghodata>）

如果你在回答结核病调查表中的5个问题时，答案都是“是”，或在以上一个或多个国家上画圈的话，则在抵达我校前一年内必须填写以下信息：

指定的结核菌素皮肤试验日期：__年__月__日 读取日期：__年__月__日

结果：__mm 阴性结果 阳性结果 （附上结果）

或结核病血液检验（干扰素释放试验，如T细胞斑点检测或全血干扰素试剂检验） 阴性结果 阳性结果 （附上结果）

胸部 X 光检查结果（如果皮肤结核病或血液检验呈阳性，则需要进行此检查）：日期：__年__月__日 正常 异常 （附上结果）