

Custom Designed Teacher Training Program Proposal Request

The information provided on this form will be used to prepare a proposal of program fees and to create a tentative calendar of events. **Please complete this form to the best of your ability.** We will contact you regarding your request and work with you to develop a program that best fits your needs.

1. Organization Information

Name of Contact Organization: _____

Organization Background (brief history, number of students referred to U.S. institutions, etc.): _____

Name of School/Institution (if applicable): _____

Name of Contact: _____

Check One: I am an agent. I am from a school/institution. I am from a school/institution and an agent will be involved.
 I am from a government organization (please specify): _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

2. Program & Academic Information

Curriculum Type (check all that apply):

English Language Training Teacher (TEFL) Training Other (please explain): _____

Name of Custom Designed Program: _____

Program Objective: _____

Visa Type (check one): F-1 Other (please explain): _____

Number of Participants: _____ Number of Escorts: _____ Arrival Date: _____ Departure Date: _____

Number of Program Weeks: _____ Class Hours per Day: _____ Class Days per Week: _____ Total Program Hours: _____

English Partner Interaction (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> One-On-One Interaction: | <input type="checkbox"/> Group Interaction (1 partner per 4-5 students): |
| <input type="checkbox"/> Conversation Partner (UCI student) | <input type="checkbox"/> Conversation Partner (UCI student) |
| <input type="checkbox"/> Mentor (UCI teacher) | <input type="checkbox"/> Mentor (UCI teacher) |

3. Participants' Background

Age Range (must be at least 18 years of age): _____ to _____

Check the group(s) below where participants have taught:

	Primary/Elementary School	Middle/Junior High School	Secondary/High School	College/University
Public School				
Private School				
Teacher Trainers				

3. Participants' Background Continued

English Proficiency: TOEFL: _____ TOEIC: _____ IELTS: _____

Other Standardized Score (please explain): _____

Years of Teaching/Teacher Training Experience: _____ to _____

4. Educational Site Visits *(Check all that apply)*

Schools:

Primary Middle/Junior Secondary

Public Private

Visit Type:

Observation of classes in session

Prepare and present a cultural lesson

Other (please explain): _____

Companies:

Visit Type:

Pharmaceutical Company

Technological Company

Other (please explain): _____

UCI ESL Class Observation

Teacher Supply Store

Museums

Professional Conference Attendance

Other (please explain): _____

5. Additional Academic Services *(check all that apply)*

Certificate of Completion (UCI logo and program name are included)

Final Comprehensive Project

Video Assessment of Teaching

Customized Graduation Ceremony

Textbooks

Official Transcripts

Other (please explain): _____

6. Recreational Activities *(check all that apply)*

Disneyland

Amusement Parks

Universal Studios

L.A. City Tour

Sea World

Other (please explain): _____

San Diego Tour

Shopping Malls

Local Beaches

Art/Musical/Cultural Event

Professional Sports Event

7. Housing and Transportation Services

Accommodation: Off-campus Apartments Homestay On-campus Dormitory (summer only) Hotel None

Transportation from Airport to UCI : Yes No **Transportation from UCI to Airport:** Yes No

8. Additional Requests

If you would like additional arrangements, please explain: _____
