IELC Terms of Agreement

Please read through the following information and then sign and date at the bottom of the page. By signing this document, you are confirming that you understand and agree with each of the terms listed below.

- **Orientation**
  Attendance of a two day Orientation is required. If any part of Orientation is missed, you may be subject to a late Orientation/Testing fee of $150.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Summer Mid-Semester</td>
<td>July 7-8, 2016</td>
<td>2016 Fall Mid-Semester</td>
<td>October 20-21, 2016</td>
<td>2017 Spring Mid-Semester</td>
<td>March 2-3, 2017</td>
</tr>
</tbody>
</table>

- **Immunizations and Health Screening Forms** Immunization and Health Screening forms MUST be returned to the IELC office one month before you arrive in Reno. If you arrive in Reno without these items it may delay your enrollment in classes and you cannot participate in orientation. This will result in an additional $150 late orientation/testing fee. You will also be responsible for arranging and paying for your own health screening and immunizations.

- **Health Insurance**
  IELC F-1 and J-1 students are required to enroll in the university medical insurance.

- **Housing**
  Students MUST arrange housing in advance. The IELC does not provide housing arrangements. However, On-Campus and Off-Campus housing information will be sent in your acceptance packet. If you wait until you arrive to make housing arrangements, you may experience a delay in finding accommodations.

- **Cancelation fee**
  By entering the U.S. on the IELC I-20, you are confirming that you will study at least one session at the IELC. If you transfer without attending the IELC, you will be responsible for a $500 cancelation fee.

- **Airport pick-up**
  Requests for an airport pick-up must be submitted to ESL@unr.edu at least two weeks before you arrive. This courtesy is only available to students who have completed their Health Clearance and Immunization Forms.

_____________________________________________
Applicant’s Name (Printed)

__________________________________________________
Applicant’s Signature (By signing, I understand and will abide by information noted above.) Date (Month / Day / Year)