

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)* **School** Primary Middle/Junior Secondary Public Private**Visit Type:** Observation of classes in session Prepare and present a cultural lesson 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: _____
