

University of Illinois

Specialized Program for Administrators (SPA) Admission Information

SPA is administrated by the China Executive Leadership Programs (CELP).

Admission

Admission decisions are based on the individual's qualified file. All applicants should meet the following MINIMUM requirements:

- Middle management level
- Five years of employment experience, preferably including management responsibilities
- Bachelors Degree
- Good command of English (classes are taught in ENGLISH).

Application Deadline

The admission process is year-round. All completed applications are reviewed and are considered as long as space is available. ***A non-refundable application fee of \$250 (This fee is in addition to the program fee.) must accompany all applications.*** Payment can be by wire transfer, or a check or money order payable to the University of Illinois.

Applicants are urged to submit their materials and application fee by the following dates to have sufficient time to obtain visas for admittance to the United States.

Program Dates, Fees and Deadlines

	Arrival	Classes Begin	Classes End	Program Fee*	Application Deadline
SPA Summer 2009	June 8, 2009	June 15, 2009	August 7, 2009	\$4,400	April 1, 2009
SPA Fall 2009	August 17, 2009	August 24, 2009	December 11, 2009	\$8,800	June 1, 2009
SPA Spring 2010	January 12, 2010	January 19, 2010	May 7, 2010	\$8,800	November 1, 2009

Program fees are charged by the semester and are due prior to the first day of class. The fee includes classes, University general service fees, transportation for CELP sponsored field trips and seminars; McKinley health service fee, in-town transportation on the C-U Mass Transit District buses, computer accounts; and CELP sponsored activities.

*Program fees are subject to change.

Living expenses are estimated at \$1,200/month for each participant.

Cancellation/Refunds

A participant who wishes to cancel participation in SPA should submit a cancellation/refund request in writing to the Director. If it is received more than thirty days prior to the start of the program, a full refund of the program fee will be issued.

If the written request is made more than fourteen but fewer than thirty days before the start of the program, 80% of the program fee will be refunded.

If the written request is made fewer than fourteen days before the start of the program or once the program is in progress, the Program Director and his/her superior will evaluate the request. At no time will more than 80% or more than a pro-rated amount of the program fee be refunded.

Housing

SPA participants make their own housing arrangements and are responsible for the cost of their own housing. A wide range of university and private housing are available for rent close to the campus. For more information regarding housing, please visit the University of Illinois housing web site at <http://www.housing.uiuc.edu/options/grad/>

Transportation

SPA participants make their own travel arrangements to the United States and the University of Illinois campus at Urbana-Champaign. Travel costs to and from the United States and University of Illinois campus are not included in the program fee.

Specialized Program for Administrators (SPA)
Application for Admission

Check all appropriate programs:

Summer SPA, 200__ Fall SPA, 200__ Spring SPA, 201__

Name _____
(Last or Family Name) *(First or Given Name)*

Home Address _____

(City) *(Country)*

Telephone _____ Fax _____ e-mail _____

Married _____ yes _____ no

Date of birth _____ Place of Birth _____ Sex ___ M ___ F
M/D/Y *City Country*

Citizenship _____ Country of permanent residency _____

Current Employment Information

Company name _____

Company address _____

Business telephone _____ Fax _____ e-mail _____

Present position _____ Length of service _____ years

Description of duties _____

Past Employment History

Company	Position & Duties	Dates of Employment

Formal Education

List all university, college, professional and English language programs completed.

University/Program	Major	Diploma/Certificate	Date Received

TOEFL score _____ Test date _____ TOEIC score _____ Test date _____

**Why do you wish to enroll in the Specialized Program for Administrators?
What are your goals?**

Areas of Interest

Below is a list of subject areas from which most of our participants choose courses. Indicate the types of courses you would like to take by placing a "1" next to the first choice, "2" second choice, etc. (See enclosed course list for a sample of courses).

- | | |
|--|--|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Investments/Markets |
| <input type="checkbox"/> Business Finance | <input type="checkbox"/> Management |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Management Info Systems |
| <input type="checkbox"/> Human Resources/Personnel | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Technology and Operations |
| <input type="checkbox"/> International Management | <input type="checkbox"/> Other _____ |

Visa Information

Will you be on another visa before you begin this program? no yes

If yes, which type? B1 J1 F1 Other _____

Expiration date _____ (Please enclose copy of visa, I-20 or DS-2019 and I-94)

Will your family accompany you? No Yes (see enclosed financial form)

Financial Certification Form

Name _____

Company or Organization Sponsorship

If your company or an organization sponsors you, please have the appropriate person complete this section of the form.

To the sponsor: Attach a signed letter on official letterhead stating relationship of applicant to the company and the amount of funding available during the length of the program. This amount must be stated in the letter and must include both the program fee and living expenses.

Company/Organization name _____

Authorized signature _____

Print name _____

Position _____ Date _____

Self-sponsored or Family Sponsored

If you are self-sponsored or sponsored by a family member, you must complete this section and provide an official statement from the bank on their letterhead stating you have enough funds in your account to cover the program fee and living expenses for you and your family. The total amount must be stated in the letter.

I will have funds or make funds available for the participant for the length of the program. Please attach the original letter from bank with this form.

Source of funding: _____ self-support _____ family support

Signature of the provider _____ Date _____

Print name _____

Relationship to participant _____

Family Information

If you are married and will be accompanied by your spouse and children, you must certify to the U.S. Embassy or Consular Office that you have additional financial resources before dependent visas can be issued. The additional expense for your spouse is estimated to be approximately \$600 per month. The expense for each child is approximately \$300 per month. These rates are subject to change.

The following information must be provided for each member of your family who will accompany you.

	Spouse	Child	Child	Child
Last Name, First Name				
Relationship to you				
Birth Date				
Birth Country				

Estimated Expenses

You are required to show proof of finances of the following amounts. The total amount will depend upon the number of semesters you are enrolled and the number of family members coming with you. The fees listed below include estimated living expenses. Please fill in the amounts to determine your total expenses.

Participant Expenses:

	Program Expenses	Enrolled Programs
SPA summer semester (\$4,400 program fee + \$2,400 living expense)	\$ 6,800	_____
SPA fall semester (\$8,800 program fee + 6,000 minimum living expenses)	\$14,800	_____
SPA spring semester (\$8,800 program fee + 6,000 minimum living expenses)	\$14,800	_____
	Sub Total 1	_____

Family Expenses: Fill in the number of months and number of children

Spouse \$600/month	x _____ months =	_____
Children \$300/month/child	x _____ months x _____ # children =	_____
	Sub Total 2	_____

Total Amount (Subtotal 1 + Subtotal 2) _____

You are required to send original documents for your proof of finances for the total amount you have determined above.

How did you hear about the program?

- Advertisement – Name of publication _____
- Business colleague who attended a University of Illinois program.
- Company referral or recommendation
- Internet site – Name of site _____
- Mailing from SPA
- Personal contact from University of Illinois representative
- Other _____

Application Submission

An application will be processed when all the following items are received:

1. Completed application form and original documents certifying financial support.
2. Passport-type photograph.
3. Copy of your current visa, I-20, or DS2019 and I-94, if applicable.
4. Copy of your official diploma or transcript showing completion of your post-secondary degree.
5. A non-refundable application fee of \$250 (This fee is in addition to the program fee.).
Payment can be by wire transfer; or a check or money order payable to the University of Illinois.

Please send application materials to:

Specialized Program for Administrators
Susan Trippiedi, Director
China Executive Leadership Programs
University of Illinois
2001 South First Street, Suite 208
Champaign, IL 61820 USA

Phone: (217) 244-4450

Fax: (217) 265-7814

OR

China Training Programs
Wang Nianhua, Representative
3506 Roxford Drive
Champaign, IL 61821 USA

Phone (217) 356-8868

Fax : (217) 356-1488