

1 PERSONAL INFORMATION

Please type or clearly print your name exactly as it appears on your passport. (Include a copy of your passport page with name and photograph, if available.) Applicants must be 18 years of age or older.

Last Name (Family name) _____

Middle Name(s) _____

First Name (Given name) _____

Male Female Date of Birth _____ / _____ / _____
MONTH / Day / Year
(e.g., JAN 01, 19XX)

Country of Birth _____

Country of Citizenship _____

❖ Are you 18 years of age or older? Yes No

❖ Have you previously attended our programs? Yes No
If yes, please provide UCI Student ID (Optional): _____

Student's Permanent Address in Home Country

Street Address _____

City _____

Country _____ Postal Code _____

Permanent Telephone _____

Email _____

Name and Mailing Address for I-20 and Housing Correspondence
(If different from Permanent Address. Must not be a P.O. Box):

Name _____

Street Address _____

City _____

Country _____ Postal Code _____

Telephone Number (Required) _____

Fax Number _____

Email (Required) _____

2 SELECTION OF PROGRAM

Please mark all the program(s) and the quarter(s) you intend to study at UC Irvine Extension.

- 10-Week Intensive ESL**
 Winter Spring Summer Fall Year _____
- 4-Week Program: Conversation & Culture**
 January February July August
 September Year _____
- 4-Week Program: Business English**
(Required: 45 iBT, 450 PBT TOEFL, or 500 TOEIC)
 January February July August
 September Year _____
- Accelerated Certificate Programs**
(Required: 71 iBT, 530 PBT TOEFL, or 710 TOEIC)
 - Business Administration
 Winter Spring Summer Fall Year _____
 - International Business Operations and Management
 Winter Spring Summer Fall Year _____
 - International Finance
 Winter Spring Summer Fall Year _____
 - International Tourism & Hotel Management
 Winter Summer Year _____
 - Marketing
 Winter Spring Summer Fall Year _____
 - Media and Global Communications
 Winter Summer Year _____
 - Project Management
 Winter Spring Summer Fall Year _____
 - Communications and Embedded Systems Design Engineering
 Winter Fall Year _____
 - Microsoft .NET
 Winter Summer Year _____
 - Oracle Database Administration
 Spring Fall Year _____
 - Teaching English as a Foreign Language (TEFL)
(Required: 80 iBT, 550 PBT TOEFL, or 770 TOEIC)
 Winter/Spring Summer/Fall Fall/Winter Year _____
- Evening Certificate Programs**
(Required: 71 iBT, 530 PBT TOEFL, or 710 TOEIC)
Name of Program: _____
Starting Quarter: Winter Spring Summer Fall
Year _____
- TEFL Professional Seminar** (This is a part-time program and does not qualify for an F-1 student visa; skip Sections 5 & 6.)
 Winter Year _____
- IUPP/IGSPP**
To apply, please see extension.uci.edu/international/university

3 HEALTH CONDITION & INSURANCE

Please list any allergies, disabilities, medical conditions, or medications:

A charge for mandatory health insurance will appear on your fee statement unless you submit an Insurance Waiver Form. Students accompanied by dependents should purchase additional coverage.

4 MUST BE FILLED OUT IF REFERRED BY:

- Educational Agency _____
- Embassy _____
- University/Partner Institution _____

Contact Name _____

Address _____

Telephone Number (Required) _____

Email (Required) _____

IMPORTANT

Sign below to authorize the release of your financial and academic records to your sponsor/agent/university.

Student's Signature _____

For more information regarding the privacy of your student record, please visit <http://www.reg.uci.edu/privacy/>

5 VISA INFORMATION

(All full-time programs require an F-1 visa. An I-20 is required to obtain an F-1 student visa.)

1. Are you currently in the U.S.? No. Yes. What is your visa status (e.g., F-1)? _____

2. Do you need an I-20? (An I-20 is required to obtain an F-1 visa.)
 No. Go to section 7. Yes. Complete sections 6 and 7.

3. Are you transferring from a school in the U.S.A.?
 No. Yes. Please complete section below.

If you are a transfer student, will you be leaving the U.S.A. before starting our program? Yes Departure Date ____/____/____ No
MONTH/Day

If transferring from another school in the U.S.A., you are required to provide the following documents: (1) copies of all the I-20s from the schools you have attended, (2) a copy of your passport information page, (3) copies of the front and back of your I-94 form, and (4) a copy of your visa.

Name of your current school (Required) _____

Your SEVIS ID number _____

Name of International Student Advisor (Required) _____

Address _____

City _____ State _____ Postal Code _____

Advisor's Telephone Number (Required) _____

Advisor's Fax Number (Required) _____

Advisor's Email Address _____

6 FINANCIAL INFORMATION (Please complete this financial section, including the statement in English from your bank certifying that you have sufficient funds to cover tuition and living expenses. **All funds must be specified in U.S. dollars.**)

Funds required per program

10-Week Intensive ESL	\$7,800
4-Week Programs	\$3,700
Evening Certificate Programs	\$8,500
Accelerated Certificate Programs	
Business Administration	\$11,400
International Business Operations and Management ..	\$11,400
International Finance	\$11,400
International Tourism & Hotel Management	\$11,400
Marketing	\$11,400

Accelerated Certificate Programs (continued)

Media and Global Communications	\$11,400
Project Management	\$11,400
Communications and Embedded Systems	
Design Engineering	\$12,700
Microsoft .NET	\$12,700
Oracle Database Administration	\$12,700
Teaching English as a Foreign Language	\$16,900

Do you intend to bring your spouse or children with you? Yes. Please complete the section below. No
An additional \$1,500 per dependent per quarter is required (must provide proof on bank statement).

Family Name	First Name	Middle Name(s)	Date of Birth MONTH/Day/Year	Country of Birth	Country of Citizenship	Relationship to You
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Certification by Bank Official (Required only if unable to obtain a bank statement.)

Account Holder's Name _____

Address _____

Telephone _____

Email _____

Name of Bank Official _____

Title of Bank Official _____

Bank Official's Signature _____

Date (*within last 6 months*) _____

Required for all applicants.

STATEMENT OF FINANCIAL SUPPORT

The person who is financially responsible for you must read and sign the statement below. If you are financially responsible for yourself, you may sign the statement yourself.

I have read the information regarding the cost of tuition and living expenses for the period of study at UC Irvine.
 I certify that these funds are available,
 and I accept full responsibility for these expenses.

Name of Person/Organization Financially Responsible _____

Relationship to Student _____

Signature _____ --Date _____

OFFICIAL BANK SEAL/STAMP

Total funds in account: \$ _____ USD

7 PAYMENT PROCEDURE

To apply, enclose the following required non-refundable fees:

\$150 Enrollment Application Fee

If applying for University Apartments or Summer Dormitories, please complete page C and enclose the following required non-refundable fees:

\$150 Housing Placement Fee

\$300 Housing Reservation Fee

TOTAL Amount Paid: \$ _____ USD

Method of Payment

I have enclosed a money order or bank check issued by a U.S. bank payable to **UC REGENTS**

I would like to pay by credit card:

MasterCard VISA American Express

Credit Card Number _____

Cardholder's Name _____

Expiration Date _____

Authorizing Signature _____

Billing Address

Street Address _____

City _____ State _____

Country _____ Postal Code _____

Telephone Number _____

STUDENT SIGNATURE (Required):
I certify that the information on this entire form is correct to the best of my knowledge.

Signature _____ Date _____

Please mail, fax, or email your completed application and pay all applicable fees with check issued by a bank in the U.S., MasterCard, VISA, or American Express:

(Via Regular Mail)
 International Programs
 P.O. Box 6050, Irvine, CA 92616-6050

(Via Express Mail)
 International Programs
 Building I #238, Lot 19A
 Pereira at Brandywine, Irvine, CA 92697

Tel: 949-824-5991

Fax: 949-824-8065

Email: uciesl@uci.edu

ONLY FOR STUDENTS APPLYING FOR HOUSING

1 PERSONAL INFORMATION

Please **TYPE** or **CLEARLY PRINT** your name **EXACTLY AS IT APPEARS ON YOUR PASSPORT**. (Include a copy of your passport page with name and photograph, if possible.)

Last Name (Family name) _____

Middle Name(s) _____

First Name (Given name) _____

Male Female Date of Birth _____ / _____ / _____
MONTH / Day / Year
(e.g., JAN 01, 19XX)

Country of Birth _____

Country of Citizenship _____

Native Language _____

2 CONTACT INFORMATION

Please **TYPE** or **CLEARLY PRINT** your email address; this will be our primary form of contact.

Student Email _____

Agent/Sponsor Email (if applicable) _____

Telephone Number _____

Fax Number _____

3 ENROLLMENT INTENTIONS

Name of Program Enrolled _____

Quarter/Year of Program Enrolled _____

4 HOUSING PREFERENCE

Please number your preference in order of requested housing.

Housing space is limited to a first-come, first-served basis. In the event your first choice is not available, your second choice will be processed unless otherwise stated.

- University Apartment (Complete section **A**)
- Summer Dormitory (only available for ESL students aged 18-25) (Complete section **A**)
- Homestay through Worldwide International Student Exchange (WISE)*** (Complete section **B**)

***Based upon availability, placement may be provided through Universal Student Housing (USH) Homestay. Fees may vary.

A) APARTMENT & SUMMER DORMITORY APPLICANTS ONLY

- For arrival and check-in dates & times, please refer to our website at: http://unex.uci.edu/international/housing/arrival_departure.aspx
- Students in University Apartments/Summer Dormitories will sign a contract committing to the duration of the entire program.
- Roommate information cannot be verified prior to your arrival.

** For further information, please contact the IP Office at 949-824-5991, by fax at 949-824-8065, or by Email at housing@unx.uci.edu or uciesl@uci.edu.

PLACEMENT INFORMATION

Please list any allergies, disabilities, medical conditions, and medications:

- *Private bedroom preferred. All housing expenses multiplied by two.

* Private bedrooms are based on availability and restrictions apply. Please check the above box if you prefer a private bedroom and apply double the housing placement and reservation fees. (Preferences are not guaranteed.)

PAYMENT INFORMATION

Please enclose the following with your application.

\$150 – University Apartment/Dormitory Placement Fee non-refundable, non-transferable.

\$300 – University Apartment/Dormitory Reservation Fee non-refundable, applied to housing fee upon arrival; transferable for 1 quarter if postponement notification is received 30 days prior to program start date.

Total Amount Paid: \$ _____ USD
(Required – please complete payment information on page B)

B) WISE HOMESTAY APPLICANTS ONLY

Worldwide International Student Exchange / WISE

Web address: www.wisefoundation.com

P.O. Box 4573
Irvine, CA 92616-4573

Contact: ucihomestay@wisefoundation.com
to request a homestay application packet.

Tel: 949-206-0496
Fax: 949-855-8971

Make payments directly to WISE. A WISE representative will contact you upon receipt of this application.

Permanent Address in Home Country _____

Arrival Date (MONTH/Day/Year) _____
(Earliest move-in date available is the weekend prior to the start of program)

All WISE homestay students are provided with a private bedroom and a shared bathroom.

- Please number your preference 1 through 5 in order of importance: 1 being most important, 5 being least important. Use each number only once. Please circle A or B or C choices where listed.

**Preferences are not guaranteed; subject to availability.

- ___ Location (average Homestay 30-60 minutes bus ride each way)
- ___ Native English-speaking family
- ___ **A.** Family with children **B.** Family with no children
- ___ **A.** Family with pets **B.** Family with no dog **C.** or no cat
- ___ **A.** Smoking (allowed outside only) **B.** Non-smoking

5 STUDENT SIGNATURE

STUDENT SIGNATURE (Required):
I certify that the information on this entire form is correct to the best of my knowledge.

Signature _____ Date _____

HOUSING USE ONLY

ONLY FOR STUDENTS APPLYING FOR CERTIFICATE PROGRAMS

Please indicate the program for which you wish to be considered:

ACCELERATED CERTIFICATE PROGRAM(S) See brochure pages 20-43 for programs.

Name of Program _____

EVENING CERTIFICATE PROGRAM(S) See brochure page 44 for programs.

Name of Program _____

SEMINAR(S)

Name of Program _____

❖ Do you have a university degree? Yes Name of university _____ No

❖ My TOEFL/TOEIC score (or equivalent) is _____. Type of test _____ (Please enclose copy of score report.)

Please answer the questions below as fully and as legibly as you can. Use your own words. You may print and attach additional sheets if you wish.

1. Describe your education up to now. Include any college experience, degree(s), and major(s).

3. Describe why you are interested in the specific certificate you have listed above.

2. Describe your work experience. Include any volunteer jobs and/or paid jobs you have had.

4. Describe your future career plans and how the certificate will help you achieve these plans.