

UNIVERSITY OF CALIFORNIA EXTENSION

BERKELEY DAVIS IRVINE LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

SANTA BARBARA SANTA CRUZ



University Programs, International Programs

University of California Irvine, Extension

Telephone: (949) 824-9682

Fax: (949) 824-8065

E-mail: IUPP@uci.edu

Website: <http://unex.uci.edu/international/university>

P.O. Box 6050
Irvine, CA 92616-6050 U.S.A

Enrollment Application for International Undergraduate Preparation Program (IUPP)

1 - PERSONAL INFORMATION

Please TYPE or neatly and clearly PRINT your name EXACTLY as it appears on your passport.

Family/Last Name: _____

Given/First Name: _____

Middle Name: _____ Male Female

Date of Birth (month/day/year): ____/____/____

Country of Birth: _____

Country of Citizenship: _____

Name of High School: _____

Date of High School Graduation: _____

High School Grade Point Average (GPA): _____

TOEFL/IELTS Score: _____

Any Other Standardized Test Scores: _____

2 - PERMANENT ADDRESS (In Home Country)

Street Address: _____

City: _____ Postal Code: _____

Country: _____

Home Tel: _____ Fax: _____

Cellular/Mobile Tel: _____

E-mail Address: _____

3 - PROGRAM PREFERENCE

Check the appropriate boxes to indicate your preference for attendance dates and duration of preparation program.

Starting Year: Program Track:

2012

2013

Regular

Biological Science (*Summer only*)

Business Economics (*Fall only*)

Community College (*Spring and Fall only*)

Engineering (*Summer only*)

Starting Quarter:

Winter

Spring

Summer

Fall

4 - HOUSING

Students must live in the University Apartment during the first quarter of IUPP.

University Apartment only (for Winter and Fall applicants)

University Apartment including Welcome Week (the 1st week) Homestay Program (for Spring and Summer applicants)

Agent's E-mail: _____

Applicant's E-mail: _____

5 - VISA INFORMATION

Do you need an I-20 to study in the U.S.?

Yes. Are you transferring from a school in the U.S.A.?
 No. Yes.

If you are a transfer student, will you be leaving the U.S. before the start of our program? No. Yes.

No. What is your visa status (e.g., F-1)? _____

For University Programs Office Use ONLY:

Admissions (circle one):	Approved	Denied
Program (# of Quarters)		
Quarter / Year		
Test Score		
Bank Statement Expiration Date		
Approver's Initial		

6 - FINANCIAL INFORMATION

Submit a bank-certified financial statement on official bank letterhead to prove that you have sufficient funds to cover tuition, living and other expenses during the period of study in the program. Alternatively, you may have a Bank Official complete the "Certification by Bank Official" below. All funds must be stated in **U.S. dollars**, and the statement must be dated within three months of the date when the application is received and be for liquid assets, i.e., funds which are immediately available.

A Bank Official has completed the official certification below.

I am enclosing a financial statement.

Certification by Bank Official

Funds are available for the most expensive preference : Yes / No
Name of Account Holder:
Name of Bank:
Bank Location (City and Country):
Name of Bank Official:
Title of Bank Official:
Bank Official's Signature:
Date (within 90 days of application date):

Official Bank Seal/Stamp

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 in the program. I certify that these funds are available, and I accept full responsibility for these expenses."

Name of Person/Organization Financially Responsible:
Relationship to Applicant:
Signature:
Date:

7 - HEALTH INSURANCE

Students must have health and liability insurance. UC Health insurance is included in the program fee of IUPP.

I understand and agree to the above.

Applicant's Signature: _____

Date: _____

8 - EDUCATIONAL EMBASSY OR AGENCY

Name of Embassy /Agency:
Address:
Telephone Number (required):
E-mail (required):

Important

For sponsored students: Our office receives requests from your agent/representative to release your financial and academic records to them. Under University policy, your written consent is required to release this information to a third party. By signing below, you authorize the release of the above information.

Applicant's Signature

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

9 - PAYMENT PROCEDURE

To apply, enclose the following non-refundable payment with your application.

Enrollment Application Fee (required).....\$150.00 USD

Method of Payment: I would like to pay by credit card:

Credit Card Number:
Credit Card Type (Visa or Master):
Cardholder's Name:
Expiration Date:
Authorizing Signature:

10 - STUDENT SIGNATURE

"I certify that the information I have provided on this application is true and correct to the best of my knowledge."

Applicant's Name (print): _____

Applicant's Signature: _____

Date: _____