

**University of California, Irvine**  
**Division of Continuing Education**  
**and**  
**The School of Humanities**  
**Summer Program in Critical Theory, Film, and Media Studies**  
***Program Dates - July 22 to August 23, 2019***

**1. PERSONAL INFORMATION**

All applicants must provide a copy of their passport information page.

Last Name (*Family Name*) \_\_\_\_\_

First Name (*Given Name*) \_\_\_\_\_

Middle Name \_\_\_\_\_

Gender  Male  Female      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  MONTH          Day          Year

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

**PERMANENT ADDRESS IN HOME COUNTRY**

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Country Code \_\_\_\_\_ Phone \_\_\_\_\_

Email (*required*) \_\_\_\_\_

**2. PROGRAM REQUIREMENTS**

**Do you have a university degree?**

**Yes**, the name of my university is \_\_\_\_\_

(Please include a copy of your degree and/or transcripts.)

**No**, my expected graduation date is \_\_\_\_\_

**Do you have an English language proficiency test score?**

**Yes**, my score is \_\_\_\_\_. (Include a copy of your score report)

Test Type:  iBT TOEFL  PBT TOEFL  TOEIC  IELTS

OTHER: \_\_\_\_\_

**No**, my expected test date is \_\_\_\_\_

**3. SHORT RESPONSE QUESTIONS**

Please type a short response to each of the following questions below on a separate sheet and submit with your application.

1. Describe your education. Include any college, degrees, and majors.
2. Describe your work experience. Include any volunteer, internship, and/or paid positions you have had.
3. Describe why you are interested in this program.
4. Describe your future career plans and how this program will help you achieve these goals.

**4. MEDICAL INSURANCE INFORMATION**

Students are required to carry medical insurance while enrolled at UC Irvine.

Do you need to purchase UCI medical insurance (\$200 fee).

**Yes**, I need to purchase medical insurance.

**No**, I do not need to purchase medical insurance. I am waiving coverage of UCI medical insurance and will complete a waiver form.

**5. STUDENT SIGNATURE (required)**

I certify that the information on this entire form is correct to the best of my knowledge. I acknowledge that UC Irvine is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.

\_\_\_\_\_ (Applicant's Signature)

\_\_\_\_\_ (Date)