

WINTER 2025 LANGUAGE & COMMUNICATION PROGRAM APPLICATION

UCI Division of
Continuing Education

1 PERSONAL INFORMATION

All applicants must provide a copy of their passport information page. Please type or print your name exactly as it appears on your passport. ESL applicants must be 17 years of age or older by the program start date.

Last Name (Family Name) _____

First Name (Given Name) _____

Gender Male Female Non-binary Decline to state

Date of Birth _____ / _____ / _____
MONTH DAY YEAR

City of Birth _____ Country of Birth _____

Country of Citizenship _____

Have you previously attended our programs? No Yes, my ID # is _____

If you are currently studying in our programs, will you leave the U.S. before your next program begins? No Yes, I will leave on _____ / _____ / _____
MONTH DAY YEAR

Where did you hear about us? Friend/Family Agent University

Event *which one?* _____

Website *which one?* _____

Student's permanent address in home country

Street Address (must not be a P.O. Box) _____

City _____ Country _____

Postal Code _____

Country Code _____ Telephone _____ Home Cell

Email (required) _____

Preferred contact for application correspondence (if different from student)

Name _____

Email _____

2 REPRESENTATIVE INFORMATION

Complete this section if the applicant is referred by a representative.

Educational Agency _____

Embassy _____

University/Partner Institution _____

Other (e.g., parent, spouse, friend, etc.) _____

Contact Name _____

Contact Email _____

IMPORTANT

Sign below to authorize UCI Division of Continuing Education to release your financial and academic records, and any documents pertaining to your immigration status to the agent/representative listed above. For more information about student record privacy, see <http://www.reg.uci.edu/privacy>.

Student Signature _____

3 HEALTH INSURANCE

Health insurance coverage is required during your studies at UC Irvine Division of Continuing Education (UCI DCE). UCI DCE does not take responsibility for expenses incurred through illness or accident. If you do not have insurance, you must enroll in and pay for the UCI Group Insurance Program.

Please check one:

I do not have insurance. I am enrolling in the UCI Group Insurance Program.

I have insurance. I certify that I am waiving coverage of the UCI Group Insurance Program during my program dates. In addition, I am guaranteeing that I have arranged and will be covered by an independent health insurance plan which meets the following minimum required coverages:

Unlimited benefit per Policy Year

The deductible is no more than \$300 for in-network and out-of-network combined per Policy Year

■ \$50,000 Minimum coverage for Medical Evacuation Expenses to your home country if necessary

■ \$25,000 Minimum coverage for Repatriation of Remains to your home country in case of death

4 SELECTION OF PROGRAM(S)

Select all sessions and courses in which you intend to enroll. 4-Week Session pricing will be applied when students enroll in two consecutive 2-Week Sessions. *Note: Due to the limited space and availability, choices are not guaranteed.*

2-Week Session A: February 3 - 14, 2025

Required Package Course

- Speaking & Listening (1.5 units)

Elective Choices (select one per package)

- Leadership & Project Management (2 units)
 American Culture (1.5 units)
 Business Communications (1.5 units)

2-Week Session B: February 18 - 28, 2025

Required Package Course

- Speaking & Listening (1.5 units)

Elective Choices (select one per package)

- Leadership & Project Management (2 units)
 American Culture (1.5 units)
 Business Communications (1.5 units)

2-Week Session C: March 3 - 14, 2025

Required Package Course

- Speaking & Listening (1.5 units)

Elective Choices (select one per package)

- American Culture (1.5 units)
 Business Communications (1.5 units)

5 VISA INFORMATION

I-20s cannot be issued for this program.

6 COMMENTS (optional)

Email completed applications to DCE-ISP@ce.uci.edu. Upon receipt of completed applications, invoices and payment instructions will be sent via email to the address provided. All fees must be paid prior to enrollment. Complete program information available at: ce.uci.edu/lcp

7 PAYMENT INFORMATION

Include the required non-refundable \$200 Application Fee to apply.

Payment Method (check one):

Credit Card* payment using one of the following options:

1. Phone: +1-949-824-5414

(available Monday - Thursday 9:00 - 16:00 PST)

2. Complete the Credit Card Authorization Form and submit by:

Fax: +1-949-824-8065 OR

Mail: Division of Continuing Education, Student Services Office

510 E Peltason Drive, Irvine CA 92697-5700 USA

Money order or bank check in U.S. dollars issued by a U.S. bank made payable to UC REGENTS

Bank wire transfer by Western Union Business Solutions

Request secure payment link to be emailed

**Note: According to Payment Card Industry Data Security Standard (PCI DSS) requirements as set forth by the PCI Security Standards Council, sending credit card information by email is not allowed and not secure. For more information about PCI DSS requirements, please visit <https://www.pcisecuritystandards.org>.*

8 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 (including Division of Continuing Education) is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action. I also fully understand that adequate health insurance coverage is required by UCI DCE and I authorize UCI and/or the insurance company to perform medical care in case of an emergency during my program(s) of study.

Student's Signature _____

Date _____

Submit your complete application by email, mail, or fax using the information below. If you are paying the \$200 application fee by credit card, please send your payment by phone, fax or mail only. Please do not send credit card information by email to ensure we are protecting sensitive credit card information.

CONTACT US

PHONE

+1-949-824-5414
Monday - Thursday
9:00 - 16:00 PST

EMAIL

dce-isp@ce.uci.edu

FAX

+1-949-824-8065

REGULAR MAIL

Division of Continuing Education
Attn: Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA

EXPRESS MAIL

Division of Continuing Education
Attn: Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA