

ENGLISH LANGUAGE (ESL) & ACCELERATED CERTIFICATE PROGRAMS

APPLICATION

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)

Check all the program(s), quarter(s), and year(s) you intend to study.

Intensive ESL

2024 2025 Winter Spring Summer Fall

Accelerated Certificate Programs (Please complete Section 4A)

Please visit our website for a [complete list of admission requirements](#).

Business Administration

2024 2025 Winter Spring Summer Fall

Creativity & Product Development

2024 2025 Winter Summer

Data Analytics for Business

2024 2025 Winter Summer

Data Science

2024 2025 Spring Fall

Digital Marketing & Communications

2024 2025 Winter Spring Summer Fall

Innovation Management & Entrepreneurship

2024 2025 Spring Fall

International Business Operations & Management

2024 2025 Winter Spring Summer Fall

International Finance

2024 2025 Spring Fall

Project Management

2024 2025 Spring Fall

Internship (Must complete an Accelerated Certificate Program first. Also note that internship must be your last program of study)

2024 2025 Winter Spring Summer Fall

4a CERTIFICATE PROGRAM APPLICANTS ONLY

Do you have a university degree?

Yes, the name of my university is _____
(Please include a copy of your degree and/or university transcripts.)

No, my expected graduation date is _____ / _____ / _____
MONTH DAY YEAR

Do you have an English language proficiency test score?

Yes, my score is _____
(Please include a copy of your score.)

Test type: iBT TOEFL PBT TOEFL TOEIC IELTS Other _____

No, my expected test date is _____ / _____ / _____
MONTH DAY YEAR

5 VISA INFORMATION

An I-20 is required to obtain an F-1 student visa to study in-person.

Do you need an I-20?

Yes, I need an I-20 for (check one):

An F-1 visa

Change of visa status (Please provide your local U.S. address below.)

My current non-immigrant status is (please specify): _____

School transfer from another U.S. institution

(please provide your local U.S. address and complete section 5A.)

No, I do not need an I-20. I am (check all that apply):

U.S. Citizen/Permanent Resident

Other non-immigrant status (please specify): _____

My current non-immigrant status is (check one): confirmed pending

What is the gender listed on your passport?

Male Female X (Gender neutral):

If you are changing your visa status to F-1 within the U.S. or transferring from a different U.S. institution, please provide your current local address:

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

City _____ State _____ Postal Code _____

5a TRANSFER-IN STUDENTS ONLY

Complete this section **only** if you are transferring from another U.S. institution.

Will you be leaving the U.S. before starting our program?

No Yes, I will leave on _____ / _____ / _____
MONTH DAY YEAR

Name of your current school _____

Your SEVIS ID number _____

Current school advisor name _____

Current school advisor email address _____

Current SEVIS record status Active Completed* Terminated*

*If Completed Or Terminated, please contact ip@ce.uci.edu

Please include copies of all of the following:

current I-20 F-1 visa page passport information page, and

CBP admission stamp in your passport OR I-94 number retrieval record (<https://i94.cbp.dhs.gov>) OR front and back of your paper I-94, if you have one.

6 FINANCIAL INFORMATION (I-20 applicants only)

Include an official bank statement to certify that you have sufficient funds to cover tuition and living expenses during your program. All funds must be stated in U.S. dollars. The bank statement must not be older than 6 months. Below are the funds required to receive an I-20 for your program.

Intensive ESL\$14,800
Accelerated Certificate Programs.....\$18,200

6a DEPENDENT INFORMATION (I-20 applicants only)

Do you intend to bring your spouse and/or children with you on an F-2 visa?

- No
- Yes, I will bring my (check all that apply):
- Spouse *indicate:
City of Birth/Country of Birth _____
Citizenship _____
- Children *How many children are you bringing? _____
- Child #1 Name _____
City of Birth/Country of Birth _____
Citizenship _____
- Child #2 Name _____
City of Birth/Country of Birth _____
Citizenship _____

(Please include their passport copies and add an additional \$2,500 per dependent on the bank statement. Please use section 7 to list names and cities of birth for additional children.)

6b STATEMENT OF FINANCIAL SUPPORT

If you are not the bank account holder for the bank statement provided, the bank account holder must complete and sign below.

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 Student _____

Signature _____

Date _____

7 COMMENTS (optional)

8 PAYMENT INFORMATION

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

Payment Method (check one):

- Request secure payment link to be emailed
- Bank wire transfer by Convera or Flywire
- Money order or bank check in U.S. dollars issued by a U.S. bank made payable to UC REGENTS

**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>.*

9 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.

CONTACT US

PHONE

+1-949-824-1010
Monday – Friday
9:00 – 16:00 PST

EMAIL

ip@ce.uci.edu

FAX

+1-949-824-8065

MAILING ADDRESS

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