

**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. 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 \_\_\_\_\_

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

❖ Where did you hear about us? \_\_\_\_\_

**Student's Permanent Address in Home Country**

Street Address (Must not be a P.O. Box.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

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

Permanent Telephone \_\_\_\_\_

Email (Required) \_\_\_\_\_

**Name and Mailing Address for I-20 and 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 PROGRAMS**

Please mark all the programs and the quarters 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, 500 TOEIC, or 4.5 IELTS)  
 January  February  July  August  
 September Year \_\_\_\_\_
- Accelerated Certificate Programs**  
(Required: 71 iBT, 530 PBT TOEFL, 710 TOEIC, or 6.0 IELTS)
  - Global Human Resources Management  
 Spring  Fall Year \_\_\_\_\_
  - Business Administration  
 Winter  Spring  Summer  Fall Year \_\_\_\_\_
  - International Business Operations & Management  
 Winter  Spring  Summer  Fall Year \_\_\_\_\_
  - International Finance  
 Spring  Fall Year \_\_\_\_\_
  - International Business Law  
 Winter  Summer Year \_\_\_\_\_
  - Marketing  
 Winter  Spring  Summer  Fall Year \_\_\_\_\_
  - Media & Global Communications  
 Winter  Summer Year \_\_\_\_\_
  - International Tourism & Hotel Management  
 Winter  Summer Year \_\_\_\_\_
  - Project Management  
 Winter  Spring  Summer  Fall Year \_\_\_\_\_
  - Communications & Embedded Systems Design Engineering  
 Winter  Fall Year \_\_\_\_\_
  - Teaching English as a Foreign Language (TEFL)  
(Required: 80 iBT, 550 PBT TOEFL, 770 TOEIC or 6.5 IELTS)  
 Spring  Fall Year \_\_\_\_\_
- Evening Certificate Programs**  
(Required: 71 iBT, 530 PBT TOEFL, 710 TOEIC, or 6.0 IELTS)  
Name of Program: \_\_\_\_\_  
Starting Quarter:  Winter  Spring  Summer  Fall  
Year \_\_\_\_\_
- IUPP/IGSPP**  
To apply, please see [extension.uci.edu/international/university](http://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 a Health 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) a copy of the front and back of your I-94 form OR a copy of the CBP admission stamp in your passport if you did not receive a paper 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** .....\$8,500

**4-Week Programs** .....\$3,900

**Accelerated Certificate Programs**

Global Human Resources Management .....\$12,300

Business Administration .....\$12,300

International Business Operations & Management ...\$12,300

International Finance .....\$12,300

International Business Law .....\$12,300

Marketing .....\$12,300

**Accelerated Certificate Programs (continued)**

Media & Global Communications .....\$12,300

International Tourism & Hotel Management .....\$12,300

Project Management .....\$12,300

Communications & Embedded Systems

Design Engineering .....\$13,300

Teaching English as a Foreign Language .....\$12,300

**Evening Certificate Programs** (per quarter) .....\$9,800

**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, include the following required non-refundable fees:

\$150 Enrollment Application Fee

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

\$150 Housing Placement Fee

\$300 Housing Reservation Fee

**TOTAL Amount Paid:** \$ \_\_\_\_\_ **USD**

**Method of Payment**

I have included 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 \_\_\_\_\_

Submit your complete application by mail, fax, or email using the information below. If you are paying the applicable fees by credit card, please send your application by fax or mail only. Do not send credit card information by email to ensure we are protecting sensitive credit card information.

**(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:** 1-949-824-5991

**Fax:** 1-949-824-8065

**ONLY FOR STUDENTS APPLYING FOR HOUSING**

**1 PERSONAL INFORMATION**

Please type or clearly print your name exactly as it appears on your passport.

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 First Program Enrolled \_\_\_\_\_

Quarter/Year of First 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. If 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 another homestay agency. Fees may vary.

**A) APARTMENT & SUMMER DORMITORY APPLICANTS ONLY**

■ For arrival and check-in dates & times, please refer to our website at: [extension.uci.edu/international/housing/arrival\\_departure.aspx](http://extension.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 housing or arrival information, please contact the International Housing Department at 1-949-824-3161, by fax at 1-949-824-8065, or by Email at [housing@unx.uci.edu](mailto:housing@unx.uci.edu).

**PLACEMENT INFORMATION**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Private Bedroom Preferred

Note: Private bedrooms are not guaranteed until confirmed by the International Housing Department. Private bedrooms are based on availability. Restrictions and additional fees apply.\*

**PAYMENT INFORMATION**

Please include the following required non-refundable and non-transferable fees on Page B if you are applying for University Apartment or Summer Dormitory.

\$150 Housing Placement Fee  
 \$300 Housing Reservation Fee

\*Add an additional \$300 Housing Reservation Fee if requesting a private bedroom.

Total Amount Paid: \$ \_\_\_\_\_ USD  
 Payment is required. Please complete payment information on Page B.

**B) WISE HOMESTAY APPLICANTS ONLY**

Worldwide International Student Exchange / WISE

Website: [www.wisefoundation.com](http://www.wisefoundation.com)

Tel: 1-949-206-0496

Fax: 1-949-855-8971

25422 Trabuco Rd. Suite #105, Box #343  
 Lake Forest, CA 92630

Contact: [ucihomestay@wisefoundation.com](mailto:ucihomestay@wisefoundation.com) to request a homestay application packet.

**Payments are made directly to WISE. You may contact them now for a homestay application packet. Completion of the full WISE homestay application is required.**

Permanent Address in Home Country \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Fax Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Arrival Date (MONTH/Day/Year) \_\_\_\_\_

Requested Move-in Date\* (MONTH/Day/Year) \_\_\_\_\_

\*Move-in date is available no earlier than two days before the program begins.

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

■ Please number your preference\*\* 1 through 5 in order of importance. 1 is most important and 5 is least important. Use each number only once. Also, please circle A, B, or C choices where listed.

\*\*Preferences are subject to availability and are not guaranteed.

- \_\_\_\_ 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(s) for which you wish to be considered:

ACCELERATED CERTIFICATE PROGRAM(S) See brochure pages 27-47 for programs.

Name of Program(s) \_\_\_\_\_

EVENING CERTIFICATE PROGRAM(S)

Name of Program(s) \_\_\_\_\_

❖ Do you have a university degree?  Yes Name of university \_\_\_\_\_  No  
(Please send a copy of your degree, if applicable.)

❖ My TOEFL/TOEIC/IELTS score (or equivalent) is \_\_\_\_\_. Type of test \_\_\_\_\_ (Please send a 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(s) 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(s) will help you achieve these plans.