University of California, Irvine • Division of Continuing Education • International Programs
Application for Teaching English Abroad (TEA) Certificate Program

Submit your complete application by email, mail, or fax using the information below. If you are paying the $250 application fee 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.

Email
Kaissel Bermudo
kbermudo@uci.edu

Regular Mail
International Programs
Attn: Student Services Office
P.O. Box 6050
Irvine, CA 92616-6050

Express Mail
International Programs
Attn: Student Services Office
Pereira Drive West of East Peltason Drive
Building 234
Irvine, CA 92697-5700

Fax
949-824-8065

Contact us with any questions or concerns at 949-824-8296 or at www.ce.uci.edu/teachabroad. Our office hours are Monday - Friday 08:00 - 17:00 PST.

1 PERSONAL INFORMATION

Last Name *(Family Name)* _____

First Name *(Given Name)* _____

Gender ☐ Male ☐ Female Date of Birth _____/_____/_____
MONTH Day Year

Social Security Number _____-_____-_____

By authority of the Regents of the University of California, we ask for your Social Security number in order to verify your identity for accurate record keeping. Providing the number is voluntary. See https://ce.uci.edu/resources/legal/ for more information about student record privacy.

Have you previously attended any courses through the Division of Continuing Education? ☐ **No** ☐ **Yes**, my ID # is _____

Where did you hear about us? _____

STUDENT'S LOCAL/MAILING ADDRESS

Street Address _____

_____

City _____ State _____

ZIP Code _____ Telephone ☐ Cell ☐ Home _____

Email *(required)* _____

☐ ***CHECK*** this box if your permanent address is the same as your local/mailing address.

STUDENT'S PERMANENT ADDRESS

Street Address _____

_____

City _____ State _____

ZIP Code _____ Telephone ☐ Cell ☐ Home _____

2 EDUCATIONAL HISTORY

☐ College/University Attended _____

If currently attending, please specify your year/level: _____

☐ Degree Level _____

☐ Major(s) _____

Please submit a copy of your official transcript with your application.

3 PROGRAM SELECTION

Please specify the year and quarter (select one) you intend to study.

☐ **Year:** _____

☐ Winter ☐ Spring ☐ Summer ☐ Fall

4 STATEMENT OF PURPOSE

Please attach your typed Statement of Purpose on a separate sheet. Your response must be no less than 50 words.

4A. Describe why you are interested in the Teaching English as a Foreign Language Certificate and how this program will help you reach your goals.

5 HOUSING

If you wish to live with international students who are enrolled in UC Irvine's Division of Continuing Education International Programs, you may apply for university housing.

For more information, visit https://ce.uci.edu/areas/education/tea/housing.aspx. To apply for housing, please contact the International Program's Housing office at housing@unx.uci.edu.

6 PAYMENT INFORMATION

Include the following required non-refundable fee to apply.

☐ $250 Application Fee

Payment Method (check one):

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

☐ ***Credit Card** (check one) ☐ MasterCard ☐ VISA ☐ American Express

Credit Card Number _____

Cardholder's Name _____

Expiration Date _____

Authorizing Signature _____

Billing Address (required):

Street Address _____

_____

City _____ State _____

ZIP Code _____ Telephone Number _____

***Please do not send credit card information by email, including your personal account number, expiration date, and security code, to ensure we are protecting sensitive credit card information. Please send the information by fax, mail, or in person only.**

7 APPLICATION CHECKLIST

Before submitting your application, please be sure to:

☐ Complete all areas of the application, including Statement of Purpose
☐ Enclose a check or provide credit card information
☐ Include an official university transcript
☐ Sign application form
☐ Make copy for your records

8 STUDENT SIGNATURE (required)

STUDENT SIGNATURE

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.

Student's Signature _____ Date _____