

ACCELERATED CERTIFICATE PROGRAMS APPLICATION

UC Irvine
Division of
Continuing Education

Rev. 06/24/25

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. Applicants must be 18 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.

☐ Accelerated Certificate Programs (Please complete Section 4A)

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

- ☐ Business Administration
☐ 2025 ☐ 2026 ☐ Winter ☐ Spring ☐ Summer ☐ Fall
- ☐ Creativity & Product Development
☐ 2025 ☐ 2026 ☐ Winter ☐ Summer
- ☐ Data Analytics for Business
☐ 2025 ☐ 2026 ☐ Winter ☐ Summer
- ☐ Data Science
☐ 2025 ☐ 2026 ☐ Spring ☐ Fall
- ☐ Digital Marketing & Communications
☐ 2025 ☐ 2026 ☐ Winter ☐ Spring ☐ Summer ☐ Fall
- ☐ Innovation Management & Entrepreneurship
☐ 2025 ☐ 2026 ☐ Spring ☐ Fall
- ☐ International Business Operations & Management
☐ 2025 ☐ 2026 ☐ Winter ☐ Spring ☐ Summer ☐ Fall
- ☐ International Finance
☐ 2025 ☐ 2026 ☐ Spring ☐ Fall
- ☐ Project Management
☐ 2025 ☐ 2026 ☐ Spring ☐ Fall

☐ Internship (Must complete an Accelerated Certificate Program first.

Also note that internship must be your last program of study)

- ☐ 2025 ☐ 2026 ☐ Winter ☐ Spring ☐ Summer ☐ Fall

4a EDUCATIONAL BACKGROUND

Applicants must be currently attending university, have graduated from university, or be working professionals. Demonstration of English language proficiency required. Click [here](#) to view our programs and a list of accepted tests which must be taken within the past two years.

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.

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