

# ACCELERATED CERTIFICATE PROGRAMS

# APPLICATION

**UC Irvine**  
Division of  
Continuing Education

Rev. 02/2026

## 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 MEDICAL INSURANCE

Medical insurance coverage is required for the duration of your studies at UC Irvine Division of Continuing Education (DCE). DCE does not take responsibility for expenses incurred through illness or accident. If you do not have medical insurance that meets our minimum requirements, you must enroll in DCE's medical insurance plan and pay the quarterly insurance fee.

Please check one:

- Yes, I will enroll in DCE's medical insurance plan.
- No, I will request a medical insurance waiver. I understand that I must submit proof of my medical insurance that meets the requirements listed below and that I must submit a medical insurance waiver request to Gallagher Student Health. I understand that my insurance plan is subject to verification, and that submission of the waiver request does not guarantee approval. If my waiver request is denied, I am responsible for paying the medical insurance quarterly fee.

- Compliance with Affordable Care Act (ACA)
- 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](#).

Program Name	2026	2027
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> Creativity & Product Development		<input type="checkbox"/> Summer
<input type="checkbox"/> Data Analytics for Business	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
<input type="checkbox"/> Data Science	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring <input type="checkbox"/> Fall
<input type="checkbox"/> Digital Marketing & Communications	<input type="checkbox"/> Summer <input type="checkbox"/> Fall	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Fall
<input type="checkbox"/> Innovation Management & Entrepreneurship	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring <input type="checkbox"/> Fall
<input type="checkbox"/> International Business Operations & Management	<input type="checkbox"/> Summer <input type="checkbox"/> Fall	<input type="checkbox"/> Spring <input type="checkbox"/> Fall
<input type="checkbox"/> International Finance	<input type="checkbox"/> Fall	<input type="checkbox"/> Fall
<input type="checkbox"/> Project Management	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Fall

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

2026  2027  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)

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## 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