

INTERNATIONAL SUMMER PROGRAM 2024

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. 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 PACKAGE (optional)

Select one of the following packages to bundle and save. Please visit our [website](#) for package descriptions and fees.

- 4-Week Academic Session *with* UCI Dorms (F-1 Visa required)
- 4-Week ESL Session *without* housing (B-2 Visa or ESTA waiver required)
- 2-Week Academic Session *with* UCI Dorms (B-2 Visa or ESTA waiver required)
- 2-Week ESL Session *without* housing (B-2 Visa or ESTA waiver required)

4a SELECTION OF COURSE(S)

Select your **package** course options below, or select *all* the course(s) you wish to take **à la carte** and design your own experience. Please visit our [website](#) for a complete list of course descriptions and prerequisites. **Note: Due to the limited space and availability, choices are not guaranteed.**

- 4-Week Academic Session: July 22 - August 16, 2024**
 - Required Package Course
 - Advanced Writing Composition** (2 units x 2 courses)
 - Elective Choices (select one per package)
 - Healthcare Management* (3 units)
 - International Finance, Trade and Supply Chain* (2 units)
 - Expressive Design with IoT Devices and Robots* (3 units)
 - Intro to AI and Machine Learning* (3 units)
 - Intro to US Law: Contracts* (2.5 units)

- 4-Week ESL Session: August 5 - 30, 2024**
 - Required Package Course
 - Speaking & Listening** (1.5 units x 2 courses)
 - Elective Choices (select one per package)
 - Leadership & Project Management (1 unit x 2 courses)
 - American Culture** (1.5 units x 2 courses)
 - Business Communications** (1.5 units x 2 courses)

- 2-Week Academic Session A: July 22 - August 2, 2024**
 - Required Package Course
 - Advanced Writing Composition** (2 units)
 - Elective Choice
 - JavaScript Programming (1.5 units)

- 2-Week Academic Session B: August 5 - 16, 2024**
 - Required Package Course
 - Advanced Writing Composition** (2 units)
 - Elective Choices
 - Intro to Analyzing Data (1.5 units)
 - Leadership & Project Management (1 unit)

- 2-Week ESL Session A: August 5 - 16, 2024**
 - Required Package Course
 - Speaking & Listening** (1.5 units)
 - Elective Choices (select one per package)
 - Leadership & Project Management (1 unit)
 - American Culture** (1.5 units)
 - Business Communications** (1.5 units)
 - ESL for Pharmacy & Biology** (1.5 units)

- 2-Week ESL Session B: August 19 - 30, 2024**
 - Required Package Course
 - Speaking & Listening** (1.5 units)
 - Elective Choices (select one per package)
 - Leadership & Project Management (1 unit)
 - American Culture** (1.5 units)
 - Business Communications** (1.5 units)

- 2-Week ESL Session C: September 3 - 13, 2024**

- Required Package Course
 - Speaking & Listening** (1.5 units)
- Elective Choices (select one per package)
 - American Culture** (1.5 units)
 - Business Communications** (1.5 units)

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.

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

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.

All Sessions \$8,100

6a 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 HOUSING

A \$400 non-refundable housing deposit, in addition to the \$200 non-refundable application fee, is required to apply for UCI dormitory housing.

Note: Be sure to your housing selection matches your package choice.

I would like UCI dormitory housing.
Preferred roommate (optional): _____

I do NOT want UCI dormitory housing.
Note: UCI is not responsible for arranging off-campus housing.

Email completed applications to DCE-ISP@ce.uci.edu.
Upon receipt of completed applications, invoices and payment instructions will be sent via email to the address provided.
All fees must be paid prior to enrollment.
Complete program information available at: ip.ce.uci.edu.

UCI University of California, Irvine

9 PAYMENT INFORMATION

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

Payment Method (check one):

- Credit Card*** payment using one of the following options:
 1. Phone: +1-949-824-5414
(available Monday – Thursday 9:00 - 16:00 PST)
 2. Complete the Credit Card Authorization Form and submit by:
Fax: +1-949-824-8065 OR
Mail: Division of Continuing Education
Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA
- Money order or bank check** in U.S. dollars issued by a U.S. bank made payable to UC REGENTS
- Bank wire transfer** by Western Union Business Solutions
- Request secure payment link** to be emailed

**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>.*

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. If you are paying the \$200 application fee by credit card, please send your payment by phone, fax or mail only. Please do not send credit card information by email to ensure we are protecting sensitive credit card information.

CONTACT US

PHONE
+1-949-824-5414
Monday – Thursday
9:00 – 16:00 PST

EMAIL
dce-isp@ce.uci.edu

FAX
+1-949-824-8065

REGULAR MAIL
Division of Continuing Education
Attn: Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA

EXPRESS MAIL
Division of Continuing Education
Attn: Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA