

University of California, Irvine Division of Continuing Education • International Programs

Application for English Language (ESL) and Certificate (ACP/ECP) Programs

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 application by fax or mail only. Do not send credit card information by email to ensure we are protecting sensitive credit card information.

Email
ip@ce.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
1-949-824-8065

Contact us with any questions or concerns at 1-949-824-5991 or ip@ce.uci.edu. Our office hours are Monday - Friday 08:00 - 17:00 PST.

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. ESL applicants must be 17 years of age or older by the program start date.

Last Name (*Family Name*) _____

First Name (*Given Name*) _____

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

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? _____

STUDENT'S PERMANENT ADDRESS IN HOME COUNTRY

Street Address (must not be a P.O. Box) _____

City _____ Country _____

Postal Code _____ Permanent Telephone _____

Email (*required*) _____

CHECK this box if your permanent address is the same as your mailing address.

MAILING ADDRESS FOR I-20 AND ACCEPTANCE MATERIALS

Name _____

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

City _____ Country _____

Postal Code _____ Permanent Telephone _____

Email (*required*) _____

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 Extension to release your financial and academic records, I-20, and any documents pertaining to your immigration status to the agent/representative listed above. See <http://www.reg.uci.edu/privacy> for more information about student record privacy.

Student Signature _____

3 SELECTION OF PROGRAM(S)

Check all the program(s), quarter(s), and year(s) you intend to study.

10-Week Intensive ESL

Winter Spring Summer Fall

2015 2016 2017

4-Week Conversation & Culture

January February July August September

2015 2016 2017

4-Week Business English

January February July August September

2015 2016 2017

Accelerated Certificate Programs (Please complete Section 3A)

(Required: 71 iBT TOEFL, 530 PBT TOEFL, 710 TOEIC, or 6.0 IELTS and evidence of a university degree and/or substantial academic or professional experience)

Global Human Resources Management

Spring Fall 2015 2016 2017

Business Administration

Winter Spring Summer Fall 2015 2016 2017

Data Science & Predictive Analytics for Business Professionals

Fall Winter Spring 2016 2017

International Business Operations & Management

Winter Spring Summer Fall 2015 2016 2017

Innovation Management & Entrepreneurship

Spring Fall 2017

International Finance

Spring Fall 2015 2016 2017

International Law for Business Professionals

Winter Summer 2015 2016 2017

Marketing

Winter Spring Summer Fall 2015 2016 2017

Media & Global Communications

Winter Summer 2015 2016 2017

International Tourism & Hotel Management

Winter Summer 2015 2016 2017

Project Management

Winter Spring Summer Fall 2015 2016 2017

Communications & Embedded Systems Design Engineering

Winter Fall 2015 2016 2017

Teaching English as a Foreign Language (TEFL)

(Required: 80 iBT TOEFL, 550 PBT TOEFL, 770 TOEIC, 6.5 IELTS)

Winter Spring Summer Fall 2015 2016 2017

Internship (Must complete an Accelerated Certificate Program first.)

Winter Spring Summer Fall 2015 2016 2017

Evening Certificate Programs (Please complete section 3A)

(Required: 71 iBT TOEFL, 530 PBT TOEFL, 710 TOEIC, or 6.0 IELTS)

Name of Program _____

Winter Spring Summer Fall 2015 2016 2017

3A CERTIFICATE PROGRAM APPLICANTS ONLY

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

Please type a 7-10 sentence response to each of the questions below, include them on a separate sheet, and submit them with your application.

1. Describe your education. Include any college experience, degrees, and majors.
2. Describe your work experience. Include any volunteer, internship, and/or paid jobs you have had.
3. Describe why you are interested in the certificate program(s) you have selected.
4. Describe your future career plans and how the certificate(s) will help you achieve these plans.

4 VISA INFORMATION

All full-time programs require an F-1 student visa. An I-20 is required to obtain an F-1 student visa.

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.)
- School transfer (Please provide your local U.S. address and complete section 4A.)

No, I do not need an I-20. I am (check one):

- U.S. Citizen/Permanent Resident
- Other non-immigrant status (please specify): _____

If you are changing your visa status to F-1 within the U.S. or transferring from a different U.S. school, please provide your current local address:

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

City _____ State _____ Postal Code _____

4A TRANSFER IN STUDENTS ONLY

Complete this section only if you are transferring from another U.S. school.

Will you be leaving the U.S.A. before starting our program?

Yes, I will leave on ____/____/____. No
MONTH Day Year

Name of your current school _____

Your SEVIS ID number _____

Please include copies of your 1) current I-20, 2) F-1 visa page, 3) passport information page, and 4) 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.

5 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 per program.

10-Week Intensive ESL.....	\$8,800
4-Week Conversation & Culture or Business English.....	\$4,500
Accelerated Certificate Programs*.....	\$13,300
*\$13,900 is required for ACP Communications & Embedded Systems Design Engineering	
*\$12,800 is required for ACP Teaching English as a Foreign Language	
Evening Certificate Programs.....	\$10,000

5A DEPENDENT INFORMATION

Do you intend to bring your spouse and/or children with you on F-2 visas?

No

Yes, I will bring my (check all that apply):

spouse children: How many children? _____

(Please include their passport copies and add an additional \$2,000 per dependent on the bank statement.)

5B 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 & 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 _____

6 PAYMENT INFORMATION

Include the following required non-refundable fee to apply.

\$200 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

Bank wire transfer by Western Union Business Solutions
(See unex.uci.edu/pdfs/international/western_union.pdf for more information.)

*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 _____

Country _____ Postal 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 COMMENTS (optional)

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 _____