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 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.

Email	**Regular Mail**	**Express Mail**	**Fax**
ip@ce.uci.edu	International Programs	International Programs	+1-949-824-8065
	Attn: Student Services Office	Attn: Student Services Office	
	P.O. Box 6050	Pereira Drive West of East Peltason Drive	
	Irvine, CA 92616-6050	Building 234	
		Irvine, CA 92697-5700	

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 _____ Country Code _____ Phone_____

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 _____ Country Code _____ Phone_____

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 Division of Continuing Education to release your financial and academic records, I-20, 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.

Applicant's 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

☐ 2017 ☐ 2018 ☐ 2019

☐ **4-Week Conversation & Culture**

☐ January ☐ February ☐ July ☐ August ☐ September

☐ 2017 ☐ 2018 ☐ 2019

☐ **4-Week Business English**

☐ January ☐ February ☐ July ☐ August ☐ September

☐ 2017 ☐ 2018 ☐ 2019

☐ **Accelerated Certificate Programs** (Please complete Section 3A)

Please visit our website for a complete list of admission requirements.

☐ Business Administration
  ☐ Winter ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Communications & Embedded Systems Design Engineering
  ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Data Science & Predictive Analytics for Business Professionals
  ☐ Winter ☐ Spring ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Digital Marketing
  ☐ Spring ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Global Human Resources Management
  ☐ Spring ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Innovation Management & Entrepreneurship
  ☐ Spring ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ International Business Operations & Management
  ☐ Winter ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ International Finance
  ☐ Spring ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ International Law for Business Professionals
  ☐ Winter ☐ Summer   ☐ 2017 ☐ 2018 ☐ 2019

☐ International Tourism & Hotel Management
  ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Marketing
  ☐ Winter ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Media & Global Communications
  ☐ Winter ☐ Summer   ☐ 2017 ☐ 2018 ☐ 2019

☐ Project Management
  ☐ Winter ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ Teaching English as a Foreign Language (TEFL)
  ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ **Internship** (Must complete an Accelerated Certificate Program first)
  ☐ Winter ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

☐ **Evening Certificate Programs** (Please complete section 3A)
  ☐ Human Resources Management   ☐ Project Management   ☐ Paralegal
  ☐ Winter ☐ Spring ☐ Summer ☐ Fall   ☐ 2017 ☐ 2018 ☐ 2019

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 starting with any college experience, degrees, and majors.
2. Describe your work experience including your paid jobs, paid or non-paid internships, and/or volunteer positions 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 your goals.

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 in the U.S. (please provide your local U.S. address)

    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 4A)

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

    ☐ U.S. Citizen/Permanent Resident

    ☐ Other non-immigrant status (please specify):_____

    My current non-immigrant status is (check one): ☐ confirmed ☐ pending

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 _____

4A. 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?

☐ **Yes,** I will leave on _____/____/_____. ☐ **No**

                 MONTH   Day   Year

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……………………………………………...\$9,400

4-Week Conversation & Culture or Business English…………………….....\$5,100

Accelerated Certificate Programs* …………………………………..………...\$13,700

\$14,300 is required for ACP Communications & Embedded Systems Design Engineering

\$12,900 is required for ACP Teaching English as a Foreign Language

Evening Certificate Programs…..……...…..………………………..………\$10,300

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 are you bringing? _____

    (Please include their passport copies and add an additional \$2,200 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 Applicant:_____

Signature:_____

6. PAYMENT INFORMATION

Include the following required non-refundable fee to apply.

    ☐ \$200 Application Fee

Payment Method (check one):

    ☐ ***Credit Card** payment using one of the following options:

        1. Phone: +1-949-824-5933

        (available Monday through Friday 08:00 -17:00 PST)

        OR

        2. Complete the Credit Card Authorization Form and submit by:

                Fax: +1-949-824-8065

                OR

                Mail: International Programs

                      Student Services Office

                      P.O. Box 6050 Irvine, CA 92616-6050 U.S.A.

    ☐ **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

*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.

7. COMMENTS (optional)

_____

_____

_____

_____

8. 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.

_____

(Applicant's Signature)   *(Date)*