

# UNIVERSITY OF CALIFORNIA EXTENSION



BERKELEY DAVIS IRVINE LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

SANTA BARBARA SANTA CRUZ

## University Programs, International Programs University of California Irvine, Extension

Telephone: (949) 824-9682  
Fax: (949) 824-8065  
E-mail: IGSP@uci.edu  
Website: ip.extension.uci.edu/preparationprograms

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

## Enrollment Application for International Graduate Studies Preparation Program (IGSPP)

### 1 PERSONAL INFORMATION

Please type or clearly print your name exactly as it appears on your passport. (Include a recent passport copy.)

Last Name (Family name) \_\_\_\_\_

First Name (Given name) \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month/day/year)

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Name of College/University \_\_\_\_\_

Date of College/University Graduation \_\_\_\_\_

College/University Grade Point Average (GPA) \_\_\_\_\_

TOEFL/IELTS/TOEIC Score \_\_\_\_\_

Any Other Standardized Test Scores (GMAT, GRE, etc.) \_\_\_\_\_

**TRANSCRIPT** - Enclose an official copy of your most recent transcript.

**ENGLISH TEST SCORE** - Enclose an official copy of your score dated within two years of the date of this application.

### STUDENT'S PERMANENT ADDRESS IN HOME COUNTRY

Street Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Permanent Telephone \_\_\_\_\_

Email (required) \_\_\_\_\_

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

### NAME AND MAILING ADDRESS FOR I-20 & HOUSING CORRESPONDENCE

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Permanent Telephone \_\_\_\_\_

Email (required) \_\_\_\_\_

### 2 SELECTION OF PROGRAM

Check the appropriate boxes to indicate your preference for program track and attendance dates.

#### Starting Quarter

Winter  Spring  Summer  Fall

#### Starting Year Access Track

2016  Major \_\_\_\_\_

2017 ACP Program Track

- Business Administration
- Data Science & Predictive Analytics (WI/SP/FA only)
- Global Human Resources Mgmt (SP/FA only)
- Int'l Business Law (WI/SU only)
- Int'l Business Operations & Management
- Int'l Finance (SP/FA only)
- Int'l Tourism & Hotel Management (WI/SU only)
- Marketing
- Media & Global Communications (WI/SU only)
- Project Management

### 3 HOUSING

Students generally must stay in University Apartments during the first quarter of IGSP. There is a non-refundable \$150 placement fee and a non-refundable \$300 reservation fee.

University Apartment only (for Winter, Spring & Fall applicants)

University Apartment including Welcome Week Homestay (for Summer applicants; Please choose one (1) of the following companies)

- WISE: <http://wise.wisefoundation.com/>
- USH: <http://www.ushstudent.com/>
- StudentLink International: <http://www.istudentlink.com/>
- AHN: <http://students.homestaynetwork.com/>

I do not wish to stay in University Apartments (please complete the Housing Waiver)

Student's Email \_\_\_\_\_

Agent's Email \_\_\_\_\_

### 4 HEALTH INSURANCE

Students must have health and liability insurance that meets program minimum requirements. UC health insurance is included in the program fee for IGSP.

I understand and agree to the above.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**5 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
- school transfer (Please complete the section below.)
No, I do not need an I-20. I am (check one)
- U.S. Citizen/Permanent Resident
- Other non-immigration status (please specify):

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 MONTH Day Year
No

Name of your current school

Your SEVIS ID number

Current School Address

City State Postal Code

Name of Current International Student Advisor (P/DSO)

International Student Advisor's Telephone Number

International Student Advisor's Fax Number

International Student Advisor's Email Address

Please include copies of your:

- Current I-20
F-1 visa page
Passport information page
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**

Submit a bank-certified financial statement on official bank letterhead to prove that you have sufficient funds to cover tuition and living expenses during the period of study in the program. All funds must be stated in U.S. dollars, and the statement must be dated within six months of the date when the application is received and be for liquid assets, e.g., funds which are immediately available.

**STATEMENT OF FINANCIAL SUPPORT**

The person who is financially responsible for you must read and sign the statement below. If you are financially responsible for yourself, you may sign the statement yourself.

Table with 4 rows: Name of Person/Organization Financially Responsible, Relationship to Student, Signature, Date

**7 DEPENDENT INFORMATION**

Do you intend to bring your spouse and/or children with you?

- No.
Yes, I will bring my (check all that apply)
- spouse
- children

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

**8 REPRESENTATIVE INFORMATION**

Please 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's Signature

**9 PAYMENT PROCEDURE**

To apply, include the following required non-refundable fees:

- \$200 Enrollment Application Fee

Complete the Credit Card Authorization Form and submit by

Fax: (949) 824-8065

OR

Mail: UC Irvine Extension
IGSPP Office
P.O. Box 6050
Irvine, CA 92616-6050
USA

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

**10 STUDENT SIGNATURE (required)**

**STUDENT SIGNATURE**

I certify that the information on this entire form is correct to the best of my knowledge. I agree to pay the required and non-refundable application fee. I acknowledge that UC Irvine (including Extension) 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

**PLEASE ANSWER THE QUESTIONS BELOW AS FULLY AND AS LEGIBLY AS YOU CAN.  
USE YOUR OWN WORDS. YOU MAY PRINT AND ATTACH ADDITIONAL SHEETS IF YOU WISH.**

1. Describe your education up to now. Include any college experience, degree(s), and major(s).

3. Describe why you are interested in the specific track (program) you have chosen to study in IGSP.

2. Describe your work experience. Include any volunteer jobs and/or paid jobs you have had.

4. Describe your future goals or career plans and how IGSP will help you achieve these plans.

# UNIVERSITY OF CALIFORNIA IRVINE EXTENSION



## University Programs

### IGSPP Housing Waiver Request

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Please complete the IGSPP Housing Waiver Request Form and submit it to [IGSPP@uci.edu](mailto:IGSPP@uci.edu) with the completed IGSPP application.

I am requesting to waive the first quarter housing requirement for the International Graduate Studies Preparation Program (IGSPP). The following circumstances are in support of my request.

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I understand that I am responsible for securing my own housing for my first quarter during my International Graduate Studies Preparation Program. In addition, I understand that I am responsible for meeting the academic requirements of IGSPP, and any difficulty that may arise due to my independent housing choices cannot be used to justify poor academic performance.

I understand that it is my responsibility to attend orientation and searching for housing cannot be used to justify missing orientation or any other absences. I also understand that if a housing waiver is requested, I will lose my position on the housing preference list and there is no guarantee that housing will be available to me later. I understand that UCI Extension's office can refer housing options, but my search for housing is independent and my responsibility alone. I am responsible for any consequences that may result from my independent housing choices.

**IMPORTANT: The waiver request must be received by our Office no later than the Program Deposit is made in order to be considered. The Office may ask students to provide additional proof or explanations if necessary. If the housing placement is already done before the Office approves the waiver and the form is received at least 30 days before the program start date, students will still be responsible for paying the placement and reservation fees of \$450 USD; otherwise, the student will be responsible for paying the entire first quarter of the housing fees.**

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Signature of Student / Date

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Printed Name of Student / Date



# University of California, Irvine Extension

## International Programs

P.O. Box 6050 • Irvine CA 92616-6050  
Tel: (949) 824-5414 • Fax: (949) 824-8065

### Credit Card Authorization Form

#### Student Reference Information

The payment is on behalf of the student below.

Student's name	UCI ID#
	Birth Date
Student's Program	Term
	Year

#### Credit Card Account Information

Please provide payment information. Transactions will be processed within 1-2 business days.

Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Amount	\$
Account Number	Expiration Date	(mm/yy)	

#### Cardholder Information

Name <small>As appears on credit card</small>	Phone #
Agency/Company name	
Billing Address	Mailing Address <small>Where receipt should be sent, if different from billing address</small>

#### Authorization

I agree to pay the amount listed above on behalf of the student listed above, in accordance with the card issuer agreement.

Cardholder's Signature	Date
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Please fax to (949) 824-8065 or Mail to PO Box 6050, Irvine, CA 92616-6050  
Please do not send credit card information by email as this is not a secure method of transmission.  
To comply with PCI DSS requirements, UCI Extension will not accept or process any credit card payment information submitted by email.