

UNIVERSITY OF CALIFORNIA, IRVINE, DIVISION OF CONTINUING EDUCATION



BERKELEY DAVIS **IRVINE** LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

SANTA BARBARA SANTA CRUZ

University Programs, International Programs

Telephone: +1-949-824-9682
 Fax: +1-949-824-8065
 E-mail: IGSP@uci.edu
 Website: ce.uci.edu/international/universityprograms

Enrollment Application for International Graduate Studies Preparation Program (IGSP) Fundamentals

1 PERSONAL INFORMATION (All information must be truthful and accurate regarding the applicant; otherwise the application will not be processed.)

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) _____

Highest TOEFL/IELTS Score (dated within two years of this application) _____

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

TRANSCRIPT - Enclose official copies of all your transcripts after high school.

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.

STUDENT'S CONTACT INFORMATION FOR ALL IMPORTANT CORRESPONDENCE

Name _____

Street Address _____

City _____ Country _____

Postal Code _____ Permanent Telephone _____

Email (required) _____

WeChat ID (required for applicants from China) _____

2 SELECTION OF PROGRAM

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

Starting Year

2017 2018

Starting Quarter

Fall Winter Spring Summer

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.

Summer applicants: University Apartments includes Welcome Week Homestay during the First Week of the Program. Please check with the University Programs Office regarding Welcome Week Homestay. Failure to do so may result in no housing placement or higher housing fees.

Please check (✓) your preference below:

	One quarter (3 months)	Two quarters (6 months)	Three quarters (9 months)
Private Bedroom and Private Bath in a Shared Apartment	<input type="checkbox"/> \$6,500 USD	<input type="checkbox"/> \$12,000 USD	<input type="checkbox"/> \$18,000 USD
Shared Bedroom and Shared Bath in a Shared Apartment	<input type="checkbox"/> \$3,250 USD	<input type="checkbox"/> \$6,000 USD	<input type="checkbox"/> \$9,000 USD

Roommate Request (of the same gender) _____
(Name and/or Country)

The request must be received by the IGSP office at least 30 days prior to the Program Start Date. Final approval depends on apartment availability and placement.

Agent's Email _____

I do not wish to stay in University Apartments and will submit a completed Housing Waiver to receive approval for exemption.

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
 - school transfer (Please complete the section below.)

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 _____

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:

- 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.

- No, I do not need an I-20. I am (check one):
 - U.S. Citizen/Permanent Resident
 - Other non-immigration status: _____

5 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: How many children? _____

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

6 FINANCIAL INFORMATION (I-20 Applicants Only)

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.

Name of Person/Organization Financially Responsible _____

Relationship to Student _____

Signature _____ Date _____

7 REPRESENTATIVE INFORMATION

Please complete this section if the applicant is referred by a representative.

- Educational Agency _____
- Embassy _____
- School/Partner Institution _____
- Other (e.g., parent, spouse, friend, etc.) _____

Contact Name _____

Contact Email _____

IMPORTANT

Sign below to authorize UCI DCE 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 _____

8 PAYMENT PROCEDURE

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

- \$200 Enrollment Application Fee
- \$50 International Programs Online Placement Test Registration Fee (for students without qualifying TOEFL/IELTS scores)

Please make your payment with one of the following options:

1. Phone: +1-949-824-5933 (available Monday through Friday 8am-5pm PST)

OR

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

Fax: +1-949-824-8065

OR

Mail: UC Irvine Division of Continuing Education
IGSPP Office
P.O. Box 6050
Irvine, CA 92616-6050 U.S.A.

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 HEALTH INSURANCE

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

- I understand and agree to the above.

Student's Signature _____

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 DCE) 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 DIVISION OF CONTINUING EDUCATION



University Programs

IGSPP Housing Waiver Request

Please complete the IGSPP Housing Waiver Request Form and submit it to 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.

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 UCIDCE'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.



UCI Division of Continuing Education

International Programs

P.O. Box 6050 Irvine, CA 92616-6050

Tel: 1-949-824-5933 • Fax: 1-949-824-8065

Credit Card Authorization Form

Student Information

The payment is on behalf of the student below.

Last Name (Family Name)	UCI ID#
First Name (Given Name)	Birth Date
Student's Program	Term
	Year

Method of Payment

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"/> American Express	Amount	\$
Credit Card Number				Expiration Date	(mm/yy)

Cardholder Information

Cardholder's Name <small>As appears on credit card</small>	Phone Number
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.

Authorizing Signature	Date
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Please fax to 1-949-824-8065 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.