# University of California, Irvine Extension • 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@extension.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@extension.uci.edu. Our office hours are Monday - Friday 08:00 - 17:00 PST.

## **1 PERSONAL INFORMATION**

Please type or print your name exactly as it appears on your passport, and include a copy of your passport page with name and photograph. Applicants must be 18 years of age or older by the program start date.

Last Name (Family Name)	
Middle Name(s)	
First Name (Given Name)	
Gender $\Box$ Male $\Box$ Female	Date of Birth///
Country of Birth	MONTH Day Year
Country of Citizenship	
Have you previously attended	our programs?   No  Yes, my ID # is
	n our programs, will you leave the U.S. before your Yes, I will leave on//
Where did you hear about us?	MONTH Day Year
STUDENT'S PERMANENT	ADDRESS IN HOME COUNTRY
Street Address (must not be a l	P.O. Box)
	Country Permanent Telephone
	Permanent Telephone
-	manent address is the same as your mailing
address.	manent address is the same as your maning
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	<b>INFORMATION</b>
Please complete this section i	if the applicant is referred by a representative.
Educational Agency	
Embassy	
University/Partner Institution	n
□ Other (e.g., parent, spouse, f	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.

# **3 SELECTION OF PROGRAM(S)**

Please 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

## $\Box$ 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)

- □ Spring □ Fall □ 2015 □ 2016 □ 2017
- Business Administration

□ Winter □ Spring □ Summer □ Fall □ 2015 □ 2016 □ 2017

- Data Science & Predictive Analytics for Business Professionals
   Winter Spring 2016 2017
- □ International Business Operations & Management □ Winter □ Spring □ Summer □ Fall □ 2015 □ 2016 □ 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 \_\_\_\_\_\_

 $\hfill Winter \hfill Spring \hfill Summer \hfill Fall \hfill 2015 \hfill 2016 \hfill 2017$ 

To apply for the International Undergraduate Preparation Program (IUPP) or the International Graduate Studies Preparation Program (IGSPP), please visit: ip.extension.uci.edu/preparationprograms for a separate application form.

### **3A CERTIFICATE PROGRAM APPLICANTS ONLY**

Do you have a university degree?

 $\Box$  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:  $\Box$  iBT TOEFL  $\Box$  PBT TOEFL  $\Box$  TOEIC  $\Box$  IELTS  $\Box$  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.
- 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.
- 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 □ 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 <u>only</u> 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

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.

## 5 FINANCIAL INFORMATION (I-20 applicants only)

Include a bank statement on official bank letterhead to certify that you have sufficient funds to cover tuition and living expenses during your program. Below are the funds required per program. All funds must be stated in U.S. dollars, and the statement must be dated within the last six months.

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?

□ Yes, I will bring my (check all that apply) □ spouse □ 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.

 $\square$  \$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.

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