

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: IUPP@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 Undergraduate Preparation Program (IUPP) Fundamentals & Community College Tracks

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 High School _____

Date of High School Graduation _____

High School Grade Point Average (GPA) _____

TOEFL/IELTS Score _____

Any Other Standardized Test Scores (SAT, ACT, 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.

Program

Fundamentals

Starting Quarter

Winter Spring

Summer Fall

Starting Year

2016 2017

Program

Community College

Starting Quarter

Spring

Fall

Starting Year

2016 2017

3 HOUSING

Students must live in University Apartments during the first quarter of IUPP. There is a non-refundable \$150 placement fee and \$300 reservation fee for the University Apartment.

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

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

WISE: <http://wise.wisefoundation.com/>

USH: <http://www.ushstudent.com/>

StudentLink International: <http://www.istudentlink.com>

AHN: <http://students.homestaynetwork.com/>

Agent's Email _____

Student'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 IUPP.

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/D SO) _____

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.

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 _____

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 _____

8 PAYMENT PROCEDURE

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

- \$200 Enrollment Application Fee
- \$50 International Programs Online Placement Test Registration Fee

Complete the Credit Card Authorization Form and submit by

Fax: (949) 824-8065

OR

Mail: UC Irvine Extension
 IU PP 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>

9 COMMENTS (optional)

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.

ATTACH ADDITIONAL INFORMATION ON A SEPARATE SHEET IF NEEDED.

1. List any Educational Preparation Program (e.g., TOEFL, SAT, IELTS, Exchange Study) you may have attended since Grade 9. Please indicate the name of the program, the dates you started and finished the program, and how many hours you spent each week in the program.

3. List and describe briefly any volunteer or community service you have done since Grade 9, including the dates you started and finished and how many hours you spent each week in the service.

2. List and describe briefly any extra-curricular activities (e.g., basketball, student union/government) or paid work experience you have done since Grade 9. Please indicate the name of the activity or work-place, the dates you started and finished, and how many hours you spent each week in the activity.

4. List any awards and honors you have received in and/or outside the school since Grade 9.



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.