University of California, Irvine • Division of Continuing Education Experience University Research (EUR) University/Graduate Application Form - August 4-24, 2019

Submit your complete application form by email, mail, or fax using the information below. Do not send credit card information by email to ensure we are protecting sensitive credit card information.

Email
ApplyEUR@ce.uci.edu

Regular Mail UCI Division of Continuing Education Attn: Student Services Office P.O. Box 6050 Irvine, CA 92616-6050 Express Mail

Fax 1-949-824-8065

UCI Division of Continuing Education 1-949-824 Attn: Student Services Office Pereira Drive West of East Peltason Drive Building 234 Irvine, CA 92697-5700

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. Applicant must be a current undergraduate or graduate student (age 18+).

Last Name (Family Name)				
First Name (Given Name)				
Gender 🗆 Male 🗆 Female	Date of Birth		/	
		MONTH	Day	Year
Country of Birth				
Country of Citizenship				
Where did you hear about us?				
Street Address (must not be a P.O. B	lox)			
City	State _			
Country	Po	stal Code		
Country Code Telephone N	lumber			
Email (required)				

2. REPRESENTATIVE INFORMATION

Complete this section if the applicant is referred by a representative.

IMPORTANT

Sign below to authorize UCI Division of Continuing Education to release your financial and academic records to the agent/representative listed above. See http://www.reg.uci.edu/privacy for more information about student record privacy.

Applicant's Signature

3. APPLICATION FEES

Include the following non-refundable fee(s) to apply.

- \$200 Application Fee (required for all applicants)
- □ \$200 Housing Deposit (required for all applicants, applied to program fee)

4. HOUSING

Name of Roommate Request (optional, not guaranteed)______(your roommate must also be an EUR University/Graduate student)

5. PROGRAM OPTION

The optional EUR Intro Week is offered July 28 - August 3, 2019. (check one) I would like to attend the optional EUR Intro Week (\$1,000 additional fee). I would not like to attend the optional EUR Intro Week.

6. ELECTIVE SELECTION

Please select your top three EUR elective choices by marking "1", "2", and "3" next	
o your selections. If you would like to take two electives, mark both	
chooses with "1". Note: Due to the limited space and availability, choices are	
not guaranteed.	

_ Expressive Design w/ IoT Devices & Robots (materials fee required)

Project Management Applied to Data Analytics	Fashion Design

_ International Finance, Trade, and Supply Chain	Bio Business Enterprise

Intro to Game Design

Environmental Analysis and Design

7. 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

School transfer from another U.S. institution

(please provide your local U.S. address below)

- No, I do not need an I-20. I am (check one)
 - U.S. Citizen/Permanent Resident
 - □ Other non-immigrant status (please specify):_

Local U.S. Address (if applicable)

Street Address (not a P.O. Box)

_____ State _____ Postal Code _____

8. FINANCIAL RESPONSIBILITY

I-20 applicants MUST 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 and show a minimum balance of \$5,700.

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 Financially Responsible Party: _

Relationship to Applicant:

Signature:

City

9. 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)

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them from any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law during the duration of my enrollment at UCI Division of Continuing Education.

(Signature of Parent or 1	Legal Guardian)
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(Date)

(Name of Parent or Legal Guardian)