

EXPERIENCE UNIVERSITY RESEARCH Winter 2024

UCI Division of
Continuing Education

APPLICATION

Return completed applications *with* passport copies *and* bank statements to ApplyEUR@ce.uci.edu.

1 PERSONAL INFORMATION

All applicants **MUST** provide a copy of their passport information page.
Please type or print your name exactly as it appears on your passport.
Applicants must be **18 years of age or older** by the program start date.

Last Name (Family Name) _____

First Name (Given Name) _____

Gender ☐ Male ☐ Female ☐ Non-binary ☐ Decline to state

Date of Birth _____ / _____ / _____
MONTH DAY YEAR

City of Birth _____ Country of Birth _____

Country of Citizenship _____

Have you previously attended our programs? ☐ No ☐ Yes, my ID # is _____

If you are currently studying in our programs, will you leave the U.S. before your
next program begins? ☐ No ☐ Yes, I will leave on _____ / _____ / _____
MONTH DAY YEAR

Where did you hear about us? ☐ Friend/Family ☐ Agent ☐ University

☐ Event *which one?* _____

☐ Website *which one?* _____

Student's permanent address in home country

Street Address (must not be a P.O. Box) _____

City _____ Country _____

Postal Code _____

Country Code _____ Telephone _____ ☐ Home ☐ Cell

Email (required) _____

Preferred contact for application correspondence (if different from student)

Name _____

Email _____

2 REPRESENTATIVE INFORMATION

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 Division of Continuing Education to
release your financial and academic records, and any documents
pertaining to your immigration status to the agent/representative
listed above. For more information about student record privacy,
see <http://www.reg.uci.edu/privacy>.

Student Signature _____

3 HEALTH INSURANCE

Health insurance coverage is required during your studies at UC Irvine
Division of Continuing Education (UCI DCE). UCI DCE does not take
responsibility for expenses incurred through illness or accident. If you
do not have insurance, you must enroll in and pay for the UCI Group
Insurance Program.

Please check one:

☐ I do not have insurance. I am enrolling in the UCI Group Insurance Program.

☐ I have insurance. I certify that I am waiving coverage of the UCI Group Insurance
Program during my program dates. In addition, I am guaranteeing that I have
arranged and will be covered by an independent health insurance plan which
meets the following minimum required coverages:

Unlimited benefit per Policy Year

The deductible is no more than \$300 for in-network and out-of-network combined
per Policy Year

■ \$50,000 Minimum coverage for Medical Evacuation Expenses to your
home country if necessary

■ \$25,000 Minimum coverage for Repatriation of Remains to your home
country in case of death

4 SELECTION OF PROGRAM

Check the session and course you intend to study.

☐ 4-Week Session: January 22 – February 16, 2024

Please visit our website for a [complete list of course prerequisites](#). Please mark your preferred EUR elective choice below. **Note:** Due to the limited space and availability, choices are not guaranteed. "Academic Speaking & Listening" is required.

Elective Choices

- ☐ Portfolio Management & Financial Markets
☐ Leadership & Project Management

Do you have a university degree?

☐ 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: ☐ iBT TOEFL ☐ PBT TOEFL ☐ TOEIC ☐ IELTS ☐ Other _____

☐ No, my expected test date is _____ / _____ / _____
MONTH DAY YEAR

5 VISA INFORMATION

An I-20 is required to obtain an F-1 student visa to study in-person.

Do you need an I-20?

☐ Yes, I need an I-20 for (check one):

- ☐ An F-1 visa
☐ Change of visa status (Please provide your local U.S. address below.)
My current non-immigrant status is (please specify): _____
☐ School transfer from another U.S. institution
(please provide your local U.S. address and complete section 5A.)

☐ No, I do not need an I-20. I am (check all that apply):

- ☐ U.S. Citizen/Permanent Resident
☐ Other non-immigrant status (please specify): _____
My current non-immigrant status is (check one): ☐ confirmed ☐ pending

What is the gender listed on your passport?

☐ Male ☐ Female ☐ X (Gender neutral):

If you are changing your visa status to F-1 within the U.S. or transferring from a different U.S. institution, please provide your current local address:

Street Address (must not be a P.O. Box) _____

City _____ State _____ Postal Code _____

5a TRANSFER-IN STUDENTS ONLY

Complete this section **only** if you are transferring from another U.S. institution.

Will you be leaving the U.S. before starting our program?

☐ No ☐ Yes, I will leave on _____ / _____ / _____
MONTH DAY YEAR

Name of your current school _____

Your SEVIS ID number _____

Current school advisor name _____

Current school advisor email address _____

Current SEVIS record status ☐ Active ☐ Completed* ☐ Terminated*

*If Completed Or Terminated, please contact ip@ce.uci.edu

Please include copies of all of the following:

- ☐ current I-20 ☐ F-1 visa page ☐ passport information page, and
☐ 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 (I-20 applicants only)

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. Below are the funds required to receive an I-20 for your program.

4-Week Session \$6,400

6a 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 and 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 _____

Date _____

7 COMMENTS (optional)

8 PAYMENT INFORMATION

Include the required non-refundable \$200 Application Fee to apply.

Payment Method (check one):

☐ **Credit Card*** payment using one of the following options:

1. Phone: +1-949-824-5414
(available Monday – Thursday 9:00 - 16:00 PST)
2. Complete the Credit Card Authorization Form and submit by:
Fax: +1-949-824-8065 OR
Mail: Division of Continuing Education
Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA

☐ **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

☐ **Request secure payment link** to be emailed

**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 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. I also fully understand that adequate health insurance coverage is required by UCI DCE and I authorize UCI and/or the insurance company to perform medical care in case of an emergency during my program(s) of study.

Student's Signature _____

Date _____

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 payment by phone, fax or mail only. Please do not send credit card information by email to ensure we are protecting sensitive credit card information.

CONTACT US

PHONE

+1-949-824-5414
Monday – Thursday
9:00 – 16:00 PST

EMAIL

ApplyEUR@ce.uci.edu

FAX

+1-949-824-8065

REGULAR MAIL

Division of Continuing Education
Attn: Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA

EXPRESS MAIL

Division of Continuing Education
Attn: Student Services Office
510 E Peltason Drive
Irvine CA 92697-5700 USA