

ACADEMIC STUDY ABROAD PROGRAM (ASAP)

APPLICATION

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.

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 _____

Name of College/University _____

Year: 1st 2nd 3rd 4th Major _____

Cumulative Grade Point Average (GPA) _____

TRANSCRIPT – Include a copy of your most recent official transcript.

ENGLISH TEST SCORE – Include a copy of your official score report dated within two years of the date of this application (if applicable).

Student's permanent address in home country

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

City _____ State _____

Country _____ Postal Code _____

Telephone _____ Home Cell

Email (required) _____

Preferred contact for application correspondence (if different from student) This contact has authorization to make application changes on my behalf prior to enrollment.

Name _____

Email _____

2 REPRESENTATIVE INFORMATION

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

Educational Agency _____

Embassy _____

University/Partner Institution _____

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. If you were referred by an educational agency, you understand that your I-20 must be mailed to you directly. 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 PROGRAM SELECTION

Please choose the appropriate boxes to indicate when and for how long you intend to study in ASAP.

Academic Track (TOEFL 80+)

Starting Quarter	Starting Year	Number of Quarters
<input type="checkbox"/> Fall	<input type="checkbox"/> 2023	<input type="checkbox"/> One
<input type="checkbox"/> Winter	<input type="checkbox"/> 2024	<input type="checkbox"/> Two
<input type="checkbox"/> Spring		<input type="checkbox"/> Three

CSL Track (No TOEFL 80+)

Starting Quarter	Starting Year	Number of Quarters
<input type="checkbox"/> Fall	<input type="checkbox"/> 2023	<input type="checkbox"/> Two
<input type="checkbox"/> Spring	<input type="checkbox"/> 2024	<input type="checkbox"/> Three

5 SHORT RESPONSE QUESTION

Please type your response on a separate sheet and submit with your application. In some detail, please tell us why you are interested in the program. Include in your response which subjects you wish to study and what goals you hope to accomplish while in the program (minimum 300 words).

6 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 (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 6A)

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) _____

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 _____

6a 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 _____

Name of your International Student Advisor (DSO) _____

E-mail of your International Student Advisor (DSO) _____

Your SEVIS ID number _____

Your SEVIS status _____

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.

7 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. 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

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 of Financially Responsible _____

Date _____

8 PAYMENT INFORMATION

Payment Method (check one):

Credit Card* payment using one of the following options:

1. Phone: +1-949-824-5414

(available Monday through Thursday 0:00 – 16:00 PST) OR

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

Fax: +1-949-824-8065 OR

Mail: UCI Division of Continuing Education

Student Services office

510 E Peltason Drive

Irvine, CA 92697-5700 USA

Bank wire transfer by Western Union Business Solutions or Flywire

Money order or bank check in U.S. dollars issued by a U.S. bank made payable to UC REGENTS

Receive a link via email to a secured online payment portal

_____ (enter email address here)

*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

I certify that the information enclosed is truthful and accurate. I agree to pay the required, non-refundable application fee. I understand that I must have health and liability insurance that meets minimum requirements. 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 _____

CONTACT US

PHONE

+1-949-824-5414

Monday – Thursday

9:00 – 16:00 PST

EMAIL

asap@ce.uci.edu

FAX

+1-949-824-8065

REGULAR MAIL

Division of Continuing Education

Attn: Student Services Office

P.O. Box 6050

Irvine, CA 92616-6050

EXPRESS MAIL

Division of Continuing Education

Attn: Student Services Office

Pereira Drive West of East Peltason Drive

Building 234

Irvine, CA 92697-5700