

GRADUATE SUCCESS THROUGH ACADEMICS AND RESEARCH (STAR)

APPLICATION

1 PERSONAL INFORMATION

Please type or clearly print your name exactly as it appears on your passport. Include a copy of your passport page with name and photograph.

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 _____

Date of College/University Graduation _____

Undergraduate Major _____

TRANSCRIPT – Enclose official copies of all your university/college transcripts

English Test Score (TOEFL, IELTS, etc.) _____

Include a copy of your official score report dated within two years of this application

Have you previously attended any DCE programs?

No Yes, my ID# is: _____

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)

This contact has authorization to make application changes on my behalf prior to enrollment.

Name _____

Email _____

2 PROGRAM SELECTION

Please choose the starting quarter, year, and program track you would like to study.

STARTING QUARTER _____ STARTING YEAR _____

Fall Spring 2021 2022

Winter Summer

PROGRAM TRACK

General Track - Major/ACP: _____

Specialized Track:

Engineering (Winter, Fall)

Data Science (Winter, Summer, Fall)

3 PROGRAM ACKNOWLEDGEMENT

STAR evaluates students through comprehensive review of application documents. Priority acceptance is given to students who meet the minimum requirements. Students who do not meet the minimum requirements are still encouraged to apply, and if accepted, will be issued an acceptance letter for the 9-month program.

I have read and understand the statement above.

4 REPRESENTATIVE INFORMATION

Please complete this section if the applicant is referred by a representative.

Educational Agency _____

Embassy _____

School/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's Signature _____

5 ADDITIONAL REQUIREMENTS

Applicants must meet both of following requirements:

- Resume that includes your educational background, work experience, internships, and volunteer activities
- Choose and submit one of the following documents:
 - Statement of Purpose that details current goals and specifically how and why the STAR program will help you achieve them. *350 word limit*
 - One Letter of Recommendation that can be either academic and/or professional
 - Supplemental Essay that describes your previous professional and academic achievements and relevant skills that will help you succeed in the STAR program. *350 word limit*

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.
- No, I do not need an I-20. I am (check one):
- 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)

Method of I-20 delivery

- Express mail via eShip (fastest delivery with a tracking number)
- Regular mail (only available for students with a local U.S. address)

6a TRANSFER-IN STUDENTS ONLY

Complete this section **only** if you are transferring from another U.S. institution. *Students applying as a transfer-in should choose our program intake that is available immediately after they end their current program.*

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 _____

Please provide your current local address::

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

City _____ State _____ Postal Code _____

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.

6b DEPENDENT INFORMATION

Do you intend to bring your spouse and/or children with you?

- No Yes, I will bring my (check all that apply):
- Spouse Children. How many children? _____

City of Birth _____ Country of Birth _____

Please include passport copies and an additional \$2,500 USD per dependent on the bank statement.

7 FINANCIAL INFORMATION (I-20 APPLICANTS ONLY)

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

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 of Financially Responsible _____

Date _____

8 PAYMENT PROCEDURE

To apply, a non-refundable application fee of \$200 is required. Payment Method:

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

- Phone: +1-949-824-5933
(available Monday through Friday 08:30 -16:30 PST) OR
- Complete the **Credit Card Authorization Form**

- 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

*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, and that UC health insurance is included in the STAR program fee. 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

+1-949-824-5991
Monday - Friday
08:30 - 16:30 PST

EMAIL

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FAX

+1-949-824-8065

REGULAR MAIL

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EXPRESS MAIL

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