

UNDERGRADUATE SUCCESS THROUGH ACADEMICS AND RESEARCH PROGRAM (STAR)

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 _____

Current High School Year _____

Date of High School Graduation _____ / _____ / _____
MONTH DAY YEAR

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

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

TRANSCRIPT – Enclose official copies of all your transcripts from the last four years, including your current year (if not graduated).

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

Student's permanent address in home country

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

City _____ State _____

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 START

Please choose the appropriate boxes to indicate your preference for attendance dates.

PROGRAM TRACK _____

Early College Academic Advancement

STARTING QUARTER _____ STARTING YEAR _____

Fall Spring 2023 2024

Winter Summer

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, students will be issued an acceptance letter for the 9-month program (Academic Advancement track only).

3 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 _____

4 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 through Thursday 09:00 – 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>.

5 SHORT RESPONSE QUESTIONS

Please type a response to each of the questions below using your own words on a separate sheet.

Note: The information provided in this section will be evaluated for variety and quality. Students may be requested to submit additional documents or explanations for admissions verification and evaluation purposes.

- List any educational preparation program (e.g., TOEFL, SAT, IELTS, Exchange Study) you may have attended in the past four years. 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.
- List and describe briefly any Fine Arts/extra-curricular activities and paid work experience you have done in the past four years. Please indicate the name of the activity or workplace, the dates you started and finished, and how many hours you spent each week in the activity. *A minimum of four activities / work experiences is highly recommended.*
- List and describe briefly any volunteer or community service you have done in the past four years, including the dates you started and finished and how many hours you spent each week in the service. *A minimum of four volunteer / community service projects is highly recommended.*
- List any awards and honors you have received in and/or outside the school in the past four years. *A minimum of four awards / honors is highly recommended.*

6 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 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 (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

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 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 _____

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
09:00 - 16:00 PST

EMAIL
STAR@ce.uci.edu

FAX
+1-949-824-8065

REGULAR MAIL
UCI Division of Continuing Education
Attn: STAR
510 E Peltason Drive
Irvine CA 92697-5700

EXPRESS MAIL
UCI Division of Continuing Education
Attn: STAR
510 E Peltason Drive
Irvine CA 92697-5700