

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, if available.)

Last Name (Family name) _____

Middle Name(s) _____

First Name (Given name) _____

Male Female Date of Birth _____ / _____ / _____
MONTH / Day / Year
(e.g., JAN 01, 19XX)

Country of Birth _____

Country of Citizenship _____

❖ Have you graduated from high school or secondary school? (Applicants must be 18 years of age or older.) Yes No

❖ Do you have a college degree? Yes No

❖ Have you previously attended our programs? Yes No
If yes, please provide UCI Student ID (Optional): _____

Student's Permanent Address in Home Country

Street Address _____

City _____

Country _____ Postal Code _____

Permanent Telephone _____

Email _____

Name and Mailing Address for I-20 and Housing Correspondence
(if different from Permanent Address. Must not be a P.O. Box):

Name _____

Street Address _____

City _____

Country _____ Postal Code _____

Telephone Number (Required) _____

Fax Number _____

Email (Required) _____

2 SELECTION OF PROGRAM

Please indicate all the program(s) and the quarter(s) you intend to study at UC Irvine Extension.

10-Week Intensive ESL
 Winter Spring Summer Fall
Year _____

4-Week Program: Conversation & Culture
 January February July August September
Year _____

4-Week Program: Business English
(Required: 45 iBT, 450 PBT TOEFL, or 500 TOEIC)
 January February July August September
Year _____

Accelerated Certificate Programs
(Required: 71 iBT, 530 PBT TOEFL, or 710 TOEIC)

Business Administration
 Winter Spring Summer Fall
Year _____

International Business Operations and Management
 Winter Spring Summer Fall
Year _____

International Tourism & Hotel Management
 Winter Summer Year _____

Communications Systems Design Engineering
 Winter Fall Year _____

Marketing
 Winter Spring Fall Year _____

Teaching English as a Foreign Language (TEFL)
 Winter/Spring Summer/Fall Fall/Winter
Year _____

Evening Certificate Programs
(Required: 71 iBT, 530 PBT TOEFL, or 710 TOEIC)
Name of Program: _____
Starting Quarter: Winter Spring Summer Fall
Year _____

Seminars (Skip Sections 5 & 6)
 TEFL Professional Seminar (This is a part-time program and does not qualify for an F-1 student visa)
 Winter Year _____

3 HEALTH CONDITION & INSURANCE

Please list any allergies, disabilities, medical conditions, or medications:

A charge for mandatory health insurance will appear on your fee statement unless you submit an Insurance Waiver Form. Students accompanied by dependents should purchase additional coverage.

4 MUST BE FILLED OUT IF REFERRED BY:

- Educational Agency _____
- Embassy _____
- University/Partner Institution _____

Contact Name _____

Address _____

Telephone Number (Required) _____

Email (Required) _____

IMPORTANT/STUDENT SIGNATURE

Sign below to authorize the release of your financial and academic records to your sponsor/agent/university.

Student's Signature _____

For more information regarding the privacy of your student record, please visit <http://www.reg.uci.edu/privacy/>

5 VISA INFORMATION

(All full-time programs require an F-1 visa. An I-20 is required to obtain an F-1 student visa.)

IIN _____

1. Are you currently in the U.S.? No. Yes. What is your visa status (e.g., F-1)? _____

2. Do you need an I-20? (An I-20 is required to obtain an F-1 visa.) No. Go to section 7. Yes. Complete sections 6 and 7.

3. Are you transferring from a school in the U.S.A.? No. Yes. Please complete the section below.

.....
If you are a transfer student, will you be leaving the U.S.A. before starting our program? Yes No

If transferring from another school in the USA, you are required to provide the following documents: (1) copies of all the I-20s from the schools you have attended, (2) a copy of your passport information page, (3) copies of the front and back of your I-94 form, and (4) a copy of your visa.

Name of your current school (Required) _____

Your SEVIS ID number _____

Name of International Student Advisor (Required) _____

Address _____

City _____ State _____ Zip Code _____

Advisor's Telephone Number (Required) _____

Advisor's Fax Number (Required) _____

Advisor's Email Address _____

6 FINANCIAL INFORMATION (Please complete this financial section, including the statement in English from your bank certifying that you have sufficient funds to cover tuition and living expenses. **All funds must be specified in U.S. dollars.**)

Funds required per program

- 10-Week Intensive ESL**\$7,600
- 4-Week Programs**\$3,300
- Evening Certificate Programs**\$8,000
- Accelerated Certificate Programs**
- Teaching English as a Foreign Language\$16,500

- Accelerated Certificate Programs (continued)**
- Business Administration\$11,000
 - International Business Operations and Management . .\$11,000
 - International Tourism & Hotel Management \$11,000
 - Marketing \$11,300
 - Communications Systems Design Engineering \$14,500

Do you intend to bring your spouse or children with you? Yes. Please complete the following section. No
 An additional \$1,500 per dependent per quarter is required (must provide proof on bank statement).

Family Name	First Name	Middle Name(s)	Date of Birth MONTH/Day/Year	Country of Birth	Country of Citizenship	Relationship to You

Certification by Bank Official (Required only if unable to obtain a bank statement.)

Account Holder's Name _____

Address _____

Telephone _____

Email _____

Name of Bank Official _____

Title of Bank Official _____

Bank Official's Signature _____

Date (*within last 6 months*) _____

OFFICIAL BANK SEAL/STAMP

Total funds in account: \$ _____ USD

Must be filled in for all applicants.

Proof of funds required on bank statement:

1. Funds required per program: \$ _____ USD

2. ____ (number of dependents) x \$1,500 = \$ _____ USD

Total proof of funds required: \$ _____ USD
 (Add numbers 1 and 2)

Required for all applicants.

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.

I have read the information regarding the cost of tuition and living expenses for the period of study at UC Irvine.
 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 PAYMENT PROCEDURE

To apply, enclose the following required non-refundable fees:

- \$150 Enrollment Application Fee

If applying for University Apartments or Summer Dormitories, please complete page C and enclose the following required non-refundable fees:

- \$150 Housing Placement Fee
- \$300 Housing Reservation Fee

TOTAL Amount Paid: \$ _____ USD

Method of Payment

- I have enclosed a money order or bank check payable to **UC REGENTS.**
- I would like to pay by credit card:
 - MasterCard
 - VISA
 - American Express

Credit Card Number _____

Cardholder's Name _____

Expiration Date _____

Authorizing Signature _____

Billing Address

Street Address _____

City _____ State _____

Country _____ Postal Code _____

Telephone Number _____

STUDENT SIGNATURE (Required):
I certify that the information on this entire form is correct to the best of my knowledge.

Signature _____ Date _____

Please mail, fax, or email your completed application and pay all applicable fees with check, MasterCard, VISA, or American Express:

(Via Regular Mail)
 English & Certificates for Internationals
 P.O. Box 6050, Irvine, CA 92616-6050

(Via Express Mail)
 English & Certificates for Internationals
 Building I #238, Lot 19A
 Pereira at Brandywine, Irvine, CA 92697

Tel: (949) 824-5991
Fax: (949) 824-8065
Email: uciesl@uci.edu

ONLY FOR STUDENTS APPLYING FOR HOUSING

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, if possible.)

Last Name (Family name) _____

Middle Name(s) _____

First Name (Given name) _____

Male Female Date of Birth _____ / _____ / _____
MONTH / Day / Year
(e.g., JAN 01, 19XX)

Country of Birth _____

Country of Citizenship _____

Native Language _____

2 CONTACT INFORMATION

Please **TYPE** or **CLEARLY PRINT** your **Email address**; this will be our primary form of contact.

Student Email _____

Agent/Sponsor Email (if applicable) _____

Telephone Number _____

Fax Number _____

3 ENROLLMENT INTENTIONS

Name of Program Enrolled _____

Quarter/Year of Program Enrolled _____

4 HOUSING PREFERENCE

Please number your preference in order of requested housing.

Housing space is limited to a first-come, first-served basis. In the event your first choice is not available, your second choice will be processed unless otherwise stated.

- University Apartment (Complete section **A**)
- Summer Dormitory (only available for ESL students aged 18-25) (Complete section **A**)
- Homestay through Worldwide International Student Exchange (WISE)*** (Complete section **B**)

***Based upon availability, placement may be provided through Universal Student Housing (USH) Homestay. Fees may vary.

A) APARTMENT & SUMMER DORMITORY APPLICANTS ONLY

■ For arrival and check-in dates & times, please refer to our website at:
http://unex.uci.edu/international/housing/arrival_departure.aspx

■ Students in University Apartments/Summer Dormitories will sign a contract committing to the duration of the entire program.

■ Roommate information cannot be verified prior to your arrival.

** For further information, please contact the ECI Office at (949) 824-5991, by fax at (949) 824-8065, or by Email at housing@unx.uci.edu or uciesl@uci.edu.

PLACEMENT INFORMATION

Please list any allergies, disabilities, medical conditions, and medications:

*Private bedroom preferred.
All housing expenses multiplied by two.

* Private bedrooms are based on availability and restrictions apply. Please check the above box if you prefer a private bedroom and apply double the housing placement and reservation fees. (Preferences are not guaranteed.)

PAYMENT INFORMATION

Please enclose the following with your application.

\$150 – University Apartment/Dormitory Placement Fee non-refundable, non-transferable.

\$300 – University Apartment/Dormitory Reservation Fee non-refundable, applied to housing fee upon arrival; transferable for 1 quarter if postponement notification is received 30 days prior to program start date.

Total Amount Paid: \$ _____ USD
(Required – please complete payment information on page B)

B) WISE HOMESTAY APPLICANTS ONLY

Worldwide International Student Exchange / WISE

Web address: www.wisefoundation.com

P.O. Box 4573
Irvine, CA 92616-4573

Contact: ucihomestay@wisefoundation.com
to request a homestay application packet.

Tel: (949) 206-0496
Fax: (949) 855-8971

Make payments directly to WISE. A WISE representative will contact you upon receipt of this application.

Home Address _____

Arrival Date (MONTH/Day/Year) _____

Earliest move-in date available is the weekend prior to the start of program (MONTH/Day/Year) _____

All WISE homestay students are provided with a private bedroom and a shared bathroom.

■ Please number your preference 1 through 5 in order of importance: 1 being most important, 5 being least important. Please circle A or B or C choices where listed.

**Preferences are not guaranteed; subject to availability.

- ___ Location (average Homestay 30-60 minutes bus ride each way)
- ___ Native English-speaking family
- ___ **A.** Family with children **B.** Family with no children
- ___ **A.** Family with pets **B.** Family with no dog **C.** or no cat
- ___ **A.** Smoking (allowed outside only) **B.** Non-smoking

5 STUDENT SIGNATURE

I certify that the information on this entire form is correct to the best of my knowledge.

Student Signature _____

Date _____

HOUSING USE ONLY

ONLY FOR STUDENTS APPLYING FOR CERTIFICATE PROGRAMS

Please indicate the program for which you wish to be considered:

ACCELERATED CERTIFICATE PROGRAM(S) See pages 14-31 for programs.

Name of Program _____

EVENING CERTIFICATE PROGRAM(S) See page 32 for programs.

Name of Program _____

SEMINAR(S)

Name of Program _____

❖ Do you have a university degree? Yes No Name of university _____

❖ My TOEFL/TOEIC score (or equivalent) is _____. Type of test _____ (Please enclose copy of score report.)

Please answer the questions below as fully and as legibly as you can. Use your own words. You may print and attach additional sheets if you wish.

1. Describe your education up to now. Include any college experience, degree(s), and major(s).

3. Describe why you are interested in the specific certificate you have listed above.

2. Describe your work experience. Include any volunteer jobs and/or paid jobs you have had.

4. Describe your future career plans and how the certificate will help you achieve these plans.