ENGLISH LANGUAGE (ESL) & ACCELERATED CERTIFICATE PROGRAMS

APPLICATION

UCI Division of Continuing Education

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. ESL applicants must be 17 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(S)

Check all the program(s), quarter(s), and year(s) you intend to study.

☐ 10-Week Intensive ESL
☐ 2022 ☐ 2023 ☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ Accelerated Certificate Programs (Please complete Section 4A)
Please visit our website for a complete list of admission requirements.

☐ Business Administration
☐ 2022 ☐ 2023 ☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ Creativity & Product Development
☐ 2022 ☐ 2023 ☐ Winter ☐ Summer

☐ Data Analytics for Business
☐ 2022 ☐ 2023 ☐ Winter ☐ Summer

☐ Data Science
☐ 2022 ☐ 2023 ☐ Spring ☐ Fall

☐ Digital Marketing & Communications
☐ 2022 ☐ 2023 ☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ Innovation Management & Entrepreneurship
☐ 2022 ☐ 2023 ☐ Spring ☐ Fall

☐ International Business Operations & Management
☐ 2022 ☐ 2023 ☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ International Finance
☐ 2022 ☐ 2023 ☐ Spring ☐ Fall

☐ Project Management
☐ 2022 ☐ 2023 ☐ Spring ☐ Fall

☐ Teaching English as a Foreign Language
☐ 2022 ☐ 2023 ☐ Spring ☐ Fall

☐ Internship (Must complete an Accelerated Certificate Program first. *Also note that internship must be your last program of study*)
☐ Winter ☐ Spring ☐ Summer ☐ Fall ☐ 2022 ☐ 2023

4a CERTIFICATE PROGRAM APPLICANTS ONLY

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.

10-Week Intensive ESL $10,500

Accelerated Certificate Programs $14,100

6a DEPENDENT INFORMATION (I-20 applicants only)

Do you intend to bring your spouse and/or children with you on an F-2 visa?

☐ No

☐ Yes, I will bring my (check all that apply):

- ☐ spouse *indicate city of birth _____
- ☐ children *How many children are you bringing? _____

Child #1 Name _____

City of Birth _____

Child #2 Name _____

City of Birth _____

(Please include their passport copies and add an additional $2,500 per dependent on the bank statement. Please use section 7 to list names and cities of birth for additional children.)

6b 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)

_____

_____

_____

_____

_____

UCI University of California, Irvine

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
ip@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