

UNDERGRADUATE SUCCESS THROUGH ACADEMICS AND RESEARCH (STAR)

UCI Division of
Continuing Education

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 _____

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 since Grade 9

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.

STARTING QUARTER _____ STARTING YEAR _____

☐ Fall ☐ Spring ☐ 2020 ☐ 2021

☐ Winter ☐ Summer

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. If accepted, students will be issued an acceptance letter for a 9-month program.

☐ I have read and understand the statement above.

4 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 _____

5 PAYMENT PROCEDURE

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

Payment Method (check one):

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

1. Phone: +1-949-824-5933
(available Monday through Friday 08:30 -16:30 PST) OR
2. 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>.

6 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.

1. List any educational preparation program (e.g., TOEFL, SAT, IELTS, Exchange Study) you may have attended since Grade 9. 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.
2. List and describe briefly any Fine Arts/extra-curricular activities and paid work experience you have done since Grade 9. 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 experience is highly recommended.*
3. List and describe briefly any volunteer or community service you have done since Grade 9, 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.*
4. List any awards and honors you have received in and/or outside the school since Grade 9. *A minimum of four awards / honors is highly recommended.*

7 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 (additional charge)
- ☐ Pick up in-person from the Student Services office
- ☐ Regular mail (2-4 weeks delivery minimum, no tracking number)

7a 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 _____

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.

8 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 _____

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 _____

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

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

EMAIL

STAR@ce.uci.edu

FAX

+1-949-824-8065

REGULAR MAIL

UCI Division of Continuing Education
Attn: Student Services Office
P.O. Box 6050
Irvine, CA 92616-6050

EXPRESS MAIL

UCI Division of Continuing Education
Attn: Student Services Office
Pereira Drive West of East Peltason Drive
Building 234
Irvine, CA 92697-5700