

# UNIVERSITY OF CALIFORNIA, IRVINE EXTENSION

## ACADEMIC STUDY ABROAD PROGRAM (ASAP)

PLEASE READ AND COMPLETE

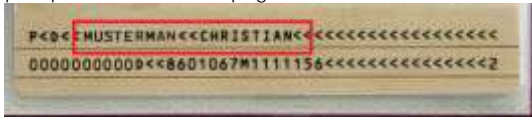
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*All questions must be completed. Otherwise, please indicate why you cannot provide an answer.*

### APPLICANT INFORMATION

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Please enter your name exactly as it appears on the passport. All applicants must also provide a copy of their passport information page.



Last/Family Name(s)

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First/Given Name(s)

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Date of Birth:

Month

Day

Year

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Country of Birth

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Country of Citizenship

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Gender

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Academic Background

Have you previously attended a UCI program?

Yes

Which and when? \_\_\_\_\_

Do you have a UCI ID number? \_\_\_\_\_

No

Current College/University at Home  
Name

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Country

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Highest level of university/college education you have completed

1st year

2nd year

3rd year

4th year

Name of Degree (e.g. Bachelor of Sciences, Master of Arts)

Major (Study Area/Focus)

Cumulative Grade Point Average (GPA)

(Expected) Date of Completion

Former College/University  
Name

Country

Name of Degree (e.g. Bachelor of Arts, Master of Sciences)

Major (Study Area/Focus)

Cumulative Grade Point Average (GPA)

Date of Completion (DD/MM/YYYY)

*If you attended more than one university/college before, please add on a separate page*

Courses/grades that are not being reported on the most recent transcript (or that you are going to complete before starting to study at UCI):

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Agent Contact for Application Correspondence

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

⊗ Educational Agent: IEC Online GmbH  
Marienstraße 19-20  
10117 Berlin  
Germany

Email: [americas@ieconline.de](mailto:americas@ieconline.de)  
Phone: 004930403610418

## HEALTH INSURANCE

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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.

- 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

## CONTACT DETAILS

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Applicant's Permanent/Home Country Address (must not be a P.O. Box.)  
*Usually, universities send visa documents or transcripts to the permanent address*

Street Address

Postal Code

City

Country

Telephone cell (+ country code!)

Telephone home (+ country code!)

Email Address *(must be checked regularly)*

## ASAP (ACADEMIC STUDY ABROAD PROGRAM)

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Please indicate when and for how long you intend to start your studies in ASAP:

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

- Fall (Sep-Dec)
- Spring (Jan-Mar)
- Summer (Mar-Jun)

Number of Quarters planned at UCI:

- 1 Quarter
- 2 Quarters
- 3 Quarters

*Please note that the financial statement must be higher if you stay for 3 quarters.*

## VISA INFORMATION

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An I-20 is required to obtain an F-1 student visa to study in-person. If you will not study in-person but instead study remotely (no I-20 required), please select the appropriate option.

Do you need an I-20?

- Yes
- No – because: \_\_\_\_\_

City of Birth

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Country of Birth

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Select the gender option that matches your passport:

- Male
- Female
- X (Gender-neutral)

I need an I-20 for:

- An F-1 visa
- Change of visa status (provide local address below)
- School transfer (complete transfer section below)

## Delivery Method for I-20

- Express Mailing: Applicants may receive their admission documents, including the Form I-20, by express mail for an additional charge. Create an E-Ship Global [account](https://study.eshipglobal.com/slogin.asp) (https://study.eshipglobal.com/slogin.asp) and pay for express shipping cost using DHL, FedEx, or UPS. Select "University of California – Irvine," then select "Division of Continuing Education." Follow the instructions to create your shipment and select a carrier. You must pay the shipment amount before your documents can be sent.  
**[HIGHLY RECOMMENDED delivery method for international students]**
- In-person: Division of Continuing Education offices are currently closed until further notice. Applicants who need to pick-up their original Form I-20 due to an emergency in person may contact our office at [ip@ce.uci.edu](mailto:ip@ce.uci.edu) or +1 (949) 824-5991 to request an appointment.
- By Mail: Applicants may receive their Form I-20 by Unites States Postal Service First Class Mail. There is no tracking number for mail sent by this delivery method. Delivery times vary. If you are outside of the U.S., your packet may take up to 2-4 weeks to reach you. If you are in the U.S., it may take up to 5 business days to reach you.
- None: I do not need an I-20 – because: \_\_\_\_\_

## Financial Information **(only for applicants requesting an I-20)**

Applicants requesting an I-20 are required to submit a bank statement certifying that the applicant has sufficient funds to cover tuition and living expenses. The minimum funds required on the bank statement are listed below by program. The bank statement must be dated within the last 6 months, and it must include the account's holder name, total funds/amount in the bank account, and the bank's official stamp/seal. If the applicant is not the bank account holder, the bank account holder must complete the Statement of Financial Support.

Program Name	Required Funds
Academic Study Abroad Program (ASAP) (3 months)	\$29,600.00
Academic Study Abroad Program (ASAP) (6 months)	\$29,600.00
Academic Study Abroad Program (ASAP) (9 months)	\$44,000.00
<u>Additional</u> Funds Required Per Dependent <sup>^</sup>	\$2,500.00

*(as of June 2021 – may increase in the future)*

### <sup>^</sup>Dependent Information **(only for applicants requesting an I-20)**

Applicants who intend to bring a spouse and/or children on an F-2 visa must complete the form below for each dependent. Please add an additional \$2,500 per dependent on the bank statement and add a copy of each dependent's passport photo page. If you do not have any dependents, leave the following blank.

Dependent's Last/Family Name

First/Given Name

Middle Name

Date Of Birth

Country of Birth

City of Birth

Citizenship

Relationship to Applicant

*If you bring more than one dependent, please provide respective information on a separate sheet.*

## STATEMENT OF ACKNOWLEDGEMENT

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

- I have read and understand the statement above. *(mandatory)*

## AUTHORIZATION FOR IEC TO PROCESS THIS APPLICATION

I hereby permit International Education Centre (IEC Online GmbH) to submit information which I have provided on this application form of UC Irvine and supporting documents via an electronic online application created and maintained by the university.

Applicant Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YYYY)



Please submit your application with all required documents to IEC:  
IEC Online GmbH  
Bewerbungsbetreuung  
Marienstrasse 19-20  
10117 Berlin  
Germany

## APPLICATION FEE PAYMENT FORM

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All applicants must pay the non-refundable [application fee](#). Your application will not be processed without the application fee.

### Method of Payment

Credit Card

Please choose one of the following:

- Visa
- MasterCard
- American Express

Total amount to be charged:                    \$ \_\_\_\_\_ USD \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_

CVV2 (security code): \_\_\_\_\_

*[can be provided via telephone]*

Cardholder's name: \_\_\_\_\_

Cardholder's Relationship to  
Student (e.g. father, friend, self) \_\_\_\_\_

Billing Address: Street + Nr \_\_\_\_\_

Postal Code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

By signing above, I authorize the University of California, Irvine to charge my credit card for the amount I have entered above.