



EXPERIENCE UNIVERSITY RESEARCH & SUMMER LAW PROGRAM

2020 APPLICATION

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 Date of Birth _____ / _____ / _____
MONTH DAY YEAR

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)

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

Name _____

Email _____

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. 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 _____

APPLICATION FEES

Include the following non-refundable fee(s) to apply

- \$200 Application Fee (*required for all applicants*)
- \$200 Housing Deposit (*required for all applicants, applied to program fee*)

HOUSING FEES

Name of Roommate Request (*optional, not guaranteed*) (*your roommate must be enrolled in the same program*):

SELECTION OF PROGRAM(S)

Check all the program(s) you intend to study. Please select your top three EUR elective choices by marking "1", "2", and "3" next to your selections. If you would like to take two electives, mark both choices with "1". **Note:** Due to the limited space and availability, choices are not guaranteed. iBT TOEFL score of 60 recommended for all programs.

- EUR High School (Ages 15-18 only): July 12-25
Environmental Policy & Technology
Engineering (*materials fee required*)
Business
Overview of Esports
Conversation & Culture (*lower English proficiency OK*)
SAT Preparation (Ages 15-18 only): August 16 - 30
- EUR Intro Week (University Students only): July 26-Aug 1
 I **would** like to attend the optional EUR Intro Week (\$1000 additional fees)
 I would **not** like to attend the optional EUR Intro Week
- EUR University (minimum age of 18): Aug 2-Aug 22
Engineering & Robotics (*materials fee required*)
JavaScript (*prerequisite required*)
Business (*prerequisite required*)
Finance
AI & Machine Learning
Overview of Esports
Conversation & Culture (*lower English proficiency OK*)
- Summer Law Program (University Students only): Aug 2-Aug 22

PARENT/LEGAL GUARDIAN INFORMATION

(students under the age of 18 only)

Name of Applicant (*Last, First, Middle*):

Name of Parent/Legal Guardian (*Last, First, Middle*):

Address (street or P.O. Box):

City: State: Postal Code:

Country:

Telephone Number Day: ()

Telephone Number Night: ()

Email Address:

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 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 one):
 U.S. Citizen/Permanent Resident
 Other non-immigrant status (please specify): _____
My current non-immigrant status is (check one): confirmed pending

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 _____

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 per program.

EUR High School	\$4,500
EUR University/Summer Law Program	\$5,700
EUR University/Summer Law Program w/ Intro Week	\$6,700

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 _____

ADULT RELATIVE OR FAMILY FRIEND IN THE UNITED STATES (if applicable)

Does the Applicant have an adult relative or a family friend in the United States?

Yes No

Does the relative or family friend speak English?

Yes No

Name of adult relative/ legal guardian:

(Last, First, Middle)

Address:

(Street or P.O. Box, City, State, Zip Code, Country)

Telephone Number Day:

Telephone Number Night:

Email:

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. I understand that participating in a UCI Division of Continuing Education program does not in itself provide preference in admission to the University of California degree programs.**

Student's Signature _____

Date _____

*Students interested in applying to UC degree programs are encouraged to explore DCE's University Preparation Programs or refer to the UC Admissions website for details about the admissions process.

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
08:00 - 17:00 PST

EMAIL

ApplyEUR@ce.uci.edu

FAX

+1-949-824-8065

REGULAR MAIL

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

EXPRESS MAIL

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