

HOW TO APPLY **The following items must be enclosed with your application. All documents must be in English.**

- 1 Application fee (*non-refundable for each program*)
 - English Language Programs: \$150
 - Academic Connections International: \$200
 - University Credit Programs: \$200
 - Certificate Programs: \$200
- 2 Copy of passport name-page
- 3 Financial verification **WITH SPONSOR'S SIGNATURE ON PAGE A4**
- 4 Express mail fee, if selected: \$50 (may vary depending on location)
- 5 Copy of Medical Insurance Verification Form. (Page A2).
- 6 Information Release form for those students who have financial sponsors or who enroll in our programs through a university partnership agreement. Please request the Information Release form from ipadmission@ucsd.edu.
- 7 On-campus housing application, if desired
 - Include the on-campus housing application found on our website under "Student Life."
 - Full payment must be included with the on-campus housing application to reserve a space. (See page 24).
- 8 For English language programs:
 - Intensive Legal English program: Brief statement to explain previous law-related coursework or work experience and purpose of taking this program, and a language proficiency score of 90 iBT, 8.0 IELTS, or advanced proficiency proven by ELI tests which are given upon arrival at UC San Diego.
 - Business English for Professionals: Professional work resume and brief statement describing your English proficiency and use of English on the job.
- 9 For TEFL Certificate programs:
 - Language proficiency verification
 - Copy of transcripts in English for the two most recent years of academic studies
 - A one-page statement explaining why you would like to take the TEFL Certificate program or the Special Studies in TEFL program or the TEFL Proficiency program.
- 10 For University and Professional Studies (UPS):
 - Language proficiency verification
 - Copy of transcripts in English for the two most recent years of academic studies. These transcripts must clearly indicate excellent academic achievement.
 - List of 12 or more courses per quarter, organized by quarter, you would like to take at UC San Diego or UC San Diego Extension
 - A one-page statement explaining your reasons for choosing UC San Diego for your study abroad experience.
- 11 For Business Certificate programs only:
 - Language proficiency verification
 - A recommendation letter on university or company letterhead from a previous employer or professor
 - Copy of transcripts in English for all years of university study—bachelor's degree preferred; minimum two years required. Include grading key or criteria.
 - Resume or curriculum vitae (CV)
 - A 200-word essay describing (1) your college coursework, (2) work experience, and (3) why you want to take the program.
 - Please indicate the program emphasis on the application form.
 - All application materials must be received at least four months before the Business program start-date. Please note the maximum capacity limits for each program are often reached many months before the program start-date.
 - An advance non-refundable deposit of \$500 is required within 30 days after being admitted into the program. If this deposit is not received within 30 days of the acceptance to the business program, the student's enrollment in the program will be cancelled.
- 12 For Academic Connections International (ACI) and Summer Session:
 - Please see website for details and supplemental application.

FREQUENTLY ASKED QUESTIONS

A) Do I need a student visa (F-1) to attend your programs? If your main intent in coming to the U.S. is to study, you should apply for a student visa. Or, if you are coming to the U.S. mainly for tourism, and you also want to take English classes for your own pleasure or as recreation, then a tourist visa (B-2) or Visa Waiver (WT) is appropriate. If you are not sure whether study or tourism is your main intent, explain your plans to the U.S. Embassy or Consulate in your country and they will advise you on the appropriate visa to apply for. **You should not schedule a visa interview until you have received our acceptance letter and other acceptance materials.**

B) How much money do I need to study and live in the U.S.? You can calculate your total *estimated* expenses by using the following chart:

Program length	Tuition (fill in amount)	Living expenses*	Other costs**	Total
4 weeks	\$	\$ 1,600	\$ 650	\$
10 weeks	\$	\$ 3,800	\$ 2,100	\$
1 quarter	\$	\$ 4,500	\$ 2,100	\$
2 quarters	\$	\$ 8,800	\$ 4,240	\$
3 quarters	\$	\$ 13,100	\$ 6,250	\$

***Living expenses** include: housing, utilities, food, and incidentals such as clothing and entertainment.

****Other costs** include: student service fees, health insurance, books, supplies, school I.D. and library cards, and transportation, as described in the "Additional Costs" page of our brochure.

Please note that the living expenses and other costs listed above are *estimates* and vary depending on individual housing choices. If you plan to bring your spouse and/or children, your financial verification must include an additional \$500 per month for your spouse and \$300 per month for each child.

C) How long will it take to receive my acceptance information? We will mail your acceptance information as soon as possible after we receive your application with all required documents and fees. For fast delivery, we recommend you choose the express mail option—see Payment Procedure in the application. Applications without express mail take an average of 8–10 weeks for delivery.

D) How do I apply for housing? Refer to our brochure or website for information on housing options available: extension.ucsd.edu/departments/ELP/Housing/housing.html. When you are ready to apply, contact the individual housing vendors for their applications and additional information.

E) What method of payment do I use? Please enclose a money order, or bank draft in U.S. dollars, payable to UC Regents. A bank draft must be drawn on a U.S. bank or a U.S. branch office of your bank. We cannot accept Eurochecks. We cannot accept electronic transfers (ACH). You may also pay by credit card or bank wire—please see Payment Procedure in the application. There is a required fee of \$25 if a bank wire is the payment method. Please note that a bank wire can take 2-3 weeks for confirmation of payment from our campus bank wire department. If paying by credit card, please do not send your credit card number to us by email. Please only send your credit card number by fax.

MEDICAL INSURANCE VERIFICATION FORM

Filling out this form is a **requirement** for registration **only** if you are **not** purchasing UC San Diego Student Medical Insurance. **Complete and return this form at least 30 days before your program start-date. Please also attach proof in English of coverage from your medical insurance company. All information fields are required.**

1 STUDENT INFORMATION:

Family Name	First Name
Student's Email	Date of birth month/day/year (e.g. JAN 01, 1979)

2 FOREIGN MEDICAL INSURANCE COMPANY INFORMATION:

Company Name
Date insured from month/day/year (e.g. JAN 01, 1979) Date insured to month/day/year (e.g. JAN 01, 1979)

Important Note: Dates of insured coverage must include the entire length of the student's program at UCSD.

3 INSURANCE COVERAGE AMOUNTS

(all 5 items must be equal to or better than UCSD Required Minimum Coverage):

Enter Below: insurance coverage in equivalent U.S. dollars (must equal or exceed UC San Diego Required Minimum Coverage)	UCSD Required Minimum Coverage
1. \$ per illness or injury	1. \$250,000 USD per illness or injury
2. \$ for medical evacuation	2. \$25,000 USD for medical evacuation
3. \$ for repatriation of remains	3. \$10,000 USD for repatriation of remains
4. \$ deductible per illness/injury	4. A deductible not to exceed \$75 USD per illness or injury
5. Coverage by our company is at _____ % after the deductible.	5. 100% coverage of all medical care and prescribed medicines after the deductible

Foreign medical insurance company payment procedure with insured student: (check one)

- Student pays medical fees and is later reimbursed by the medical insurance company.
 Insurance company is billed directly
 Other, please explain: _____

Required:

- Official Stamp from your medical insurance company to confirm above coverage and dates.
- English-speaking claims representative in your insurance company:

Name		
Phone		
Address	Street	Apartment Number
City	Postal Code	Country

Official Stamp of Medical
Insurance Company

Email of English speaking representative in Insurance Company (Please print clearly.)

1 PERSONAL INFORMATION (Please print very CLEARLY.)

Family Name (Attach copy of passport name-page)		First Name (as it appears in your passport)	<input type="radio"/> Male <input type="radio"/> Female
Country of birth	Country of Citizenship	Date of birth month/day/year (e.g. JAN 01, 1979)	
Native Language		Student's Email (Please print clearly.)	Agent's Email
Student's permanent address in home country (required):		<input type="radio"/> I will pick up my acceptance information from the UC San Diego Extension office, Bldg E, or Address to which I-20 and acceptance should be mailed (required).	
Address	Street	Apartment Number	Student Name or Agency Name
Address (continued)		Address	Street Apartment Number
City	Postal Code	Country	City Postal Code Country
Telephone (country code/city code/number) Fax (country code/city code/number)		Telephone (country code/city code/number) Fax (country code/city code/number)	

2 PROGRAM INFORMATION

I am applying to the following program(s) (check all that apply and indicate start date for each):

I plan to enroll for: <input type="radio"/> 1 session <input type="radio"/> 2 sessions <input type="radio"/> 3 sessions <input type="radio"/> 4 sessions <input type="radio"/> not sure			
Ten-week English Language Programs <input type="radio"/> Communication and Culture <input type="radio"/> Intensive Academic <input type="radio"/> Intensive Business English <input type="radio"/> Intensive Legal English <input type="radio"/> Intensive TOEFL <input type="radio"/> Intensive Pre-University <input type="radio"/> Intensive Business Fundamentals	Start Date _____ _____ _____ _____ _____ _____	University Credit Programs <input type="radio"/> University and Professional Studies <input type="radio"/> Academic Connections International* <input type="radio"/> Summer Session Full-time* <input type="radio"/> Summer Session Part-time* *For Academic Connections International or Summer Session, submit Supplemental Application from our website.	Start Date _____ _____ _____ _____
Short and Online English Programs <input type="radio"/> Medical English Online I or II (please specify)* <input type="radio"/> Conversation (45 hours)* <input type="radio"/> 4-week Conversation Plus (80 hours) <input type="radio"/> 2-week Conversation Plus (40 hours) <input type="radio"/> Business English <input type="radio"/> Academic English <input type="radio"/> Medical English <input type="radio"/> Business English for Professionals <input type="radio"/> Other	_____ _____ _____ _____ _____ _____ _____ _____	Certificate Programs <input type="radio"/> Business Management (2 quarters) Student must choose emphasis: <input type="radio"/> Pre-MBA <input type="radio"/> Finance <input type="radio"/> Marketing <input type="radio"/> Human Resources <input type="radio"/> Business Management Academic Year (3 Quarters) Student must choose emphasis: <input type="radio"/> Pre-MBA <input type="radio"/> Finance <input type="radio"/> Marketing <input type="radio"/> Human Resources <input type="radio"/> Business Essentials <input type="radio"/> 1 quarter <input type="radio"/> 2 quarters <input type="radio"/> 3 quarters <input type="radio"/> TEFL (6-month) <input type="radio"/> Summer Intensive TEFL <input type="radio"/> Special Studies in TEFL <input type="radio"/> TEFL Proficiency <input type="radio"/> Other	_____ _____ _____ _____ _____ _____ _____ _____
*This program does not qualify for an I-20.			

Have you attended any of our programs before? If so, when? _____

3 TRANSFER STUDENTS

Will you be coming directly from another school in the U.S.? Yes No If yes, you must complete the following:

Name of school	Last date of attendance		
Address of school	City	State	Zip code
School fax number	School telephone number		

4 I-20 APPLICATION

Do you need an I-20? YES If yes, please select one: ___ for an F-1 visa ___ for school transfer ___ for change of status
 NO, I do not need an I-20. I am (please check one): ___ U.S. Citizen/Permanent Resident ___ Other non-immigrant status (specify) _____

FINANCIAL VERIFICATION Please check source of your funds: Personal/Own Family Other (specify) _____

A. REQUIRED FOR I-20: A bank statement dated within 90 days indicating the amount of funds available to you in equivalent U.S. dollars must be submitted with your application or you may ask your bank to complete the section below. If you are sponsored by a company or agency, you must submit a letter of sponsorship on the company's letterhead.

Name of account holder	Name of bank	Official Bank Seal/ Stamp
Bank location (city and country)		
Amount of available funds in equivalent U.S. dollars (must exceed or equal amount needed in section B on pg. A1)	Date (within last 90 days)	
Name and Title of Bank Official	Signature of Bank Official	

B. REQUIRED FOR I-20: The family member or other person who is financially responsible for you must read this statement and sign below. "I have read the information regarding the cost of tuition and living expenses and other costs for the period of study at UC San Diego, Extension. I certify that these funds are available, and I accept full responsibility for these expenses."

Name of person financially responsible (print clearly)	Signature	Relationship to student	Date
--	-----------	-------------------------	------

FAMILY MEMBERS If you plan to bring your spouse and/or children on F-2 visas, you must list them here. Attach additional sheet if more space is needed. Please include copy of passport name-page for each family member.

Family name	Given name	Birthday (e.g., JAN 01, 1997)	Country of birth/Country of citizenship	Relationship to you	<input type="checkbox"/> Male <input type="checkbox"/> Female

5 PAYMENT PROCEDURE

You must submit the non-refundable application fee and express mail fee, if selected, with your application. All other fees must be paid in full 30 days before your program, or you may include full or partial payment now. Payment for the UC San Diego photo ID card and for textbooks CANNOT be made in advance and can only be purchased after arrival at UC San Diego. Please indicate the amounts you are enclosing with this application:

<input type="radio"/> English Language Programs application fee:	\$150	<input type="radio"/> International Student Services fee (see page 23 for details):	\$
<input type="radio"/> Academic Connections International application fee:	\$200	<input type="radio"/> 3-day express mail delivery of I-20 due with application:	\$50
<input type="radio"/> University Credit Programs application fee:	\$200	(Strongly recommended because regular airmail can take 8–10 weeks for delivery. Fee may vary depending on location.)	
<input type="radio"/> Certificate Programs application fee:	\$200	<input type="radio"/> Bank Wire fee (if this method of payment is chosen):	\$25
<input type="radio"/> Business Essentials/Business Management Deposit:	\$500	<input type="radio"/> Medical insurance from UC San Diego (if selected, see pg. 23 for cost):	\$
<input type="radio"/> TEFL late-submission fee (see page 18 for details):	\$100	TOTAL amount enclosed with this application: \$	
<input type="radio"/> Partial or full tuition amount:	\$		

PAYMENT OPTIONS (Please do not mail cash or traveler's check.)

- I have enclosed a money order/bank draft in the amount of \$ _____ (Make checks payable to UC Regents. All checks must be drawn from U.S. banks. Traveler's checks must be signed and endorsed in our presence at UC San Diego.)
- I will pay by bank wire, including the \$25 bank wire fee, and I will send the bank wire details to ipfinancials@ucsd.edu to prove my payment.
- I would like to pay by credit card. If paying by credit card, write your full name at the top of this page and send it to us by fax. Do not send your credit card number by email. (We cannot accept Diners Club.) MasterCard Visa AMEX JCB

Total to be charged \$ _____

Credit card number	Expiration date (month/year)
Name on credit card	Authorized signature

6 SIGNATURE (Application cannot be processed without a signature.) I certify that all application information is true and that I have read and understand the policies described in this application and the Extension International Programs brochure. I acknowledge that I am required to pay the non-refundable application fee even if I decide to withdraw or cancel my enrollment.

Signature of applicant _____ Date _____
 Please mail/fax completed application:

Express Delivery Address:
 University of California, San Diego
 Extension International Student Services
 9600 North Torrey Pines Road, Bldg. E
 La Jolla, CA 92037-1100

Tel: 858-534-6784
Fax: 858-534-5703
Email: ipadmission@ucsd.edu
 www.ip.extension.ucsd.edu

REQUIRED FOR REFERRING AGENCY/UNIVERSITY	
Agency/University name	
Contact name	
Fax	Email