

## EXTENSION INTERNATIONAL PROGRAMS

To maximize diversity, a limited number of applications will be accepted from each country. The first step is to take an online English test (contact [ipadmission@ucsd.edu](mailto:ipadmission@ucsd.edu) for the link and password). Enrollment is complete when you have submitted a complete application, taken the UCSD – ELI online English test, have paid in full, and all required forms are on file. Full payment is due on **June 12, 2020**, 30 days before the program starts. If payment is not received 30 or more days before the program starts, this may result in enrollment cancellation. Applications received with fewer than 30 days remaining before the program starts will be accepted if campus housing is available and will require immediate full payment upon acceptance to the program.

- |  |  |
|--|--|
| <input type="checkbox"/> 2020 American University Experience Application                     | <input type="checkbox"/> \$3,900 USD tuition fee per 2-week program        |
| <input type="checkbox"/> Copy of student's passport name page                                | <input type="checkbox"/> \$175 USD student service fee per 2-week program  |
| <input type="checkbox"/> \$200 USD application fee (one-time non-refundable)                 | <input type="checkbox"/> \$90 USD medical insurance fee per 2-week program |
| <input type="checkbox"/> Notification that the student has completed the online English test |  |

Email or fax the complete application to [ipadmission@ucsd.edu](mailto:ipadmission@ucsd.edu) or +1-858-534-5703. To mail the application please use the express mailing address shown at the bottom of page 2.

**Only typed applications will be accepted. Signatures must be by hand and applications must be sent as scanned attachments to email or mailed.**

### STUDENT INFORMATION

Family name \_\_\_\_\_ First name \_\_\_\_\_  Male  Female

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Native language \_\_\_\_\_ Date of birth (month/day/year) \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address (street, city, state/province, postal code, country) \_\_\_\_\_  
\_\_\_\_\_

Name of high school \_\_\_\_\_ Current high school grade average \_\_\_\_\_

All high school instruction in English?  Yes  No Is this a student with a physical or learning disability?  Yes  No

### PARENT INFORMATION

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

## EXTENSION INTERNATIONAL PROGRAMS

### PROGRAM

### PROGRAM DATES

American University Experience (AUE)

July 12 – July 25

How did you hear about our programs? \_\_\_\_\_

I certify that the information given above is accurate.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT PROCEDURE

All tuition and fees are due 30 days before the published program start-date. It is highly recommended to pay by credit card to speed up the application process. We accept MasterCard, Visa, AMEX, Diners Club and Discover. If enclosing a check or money order, please make them payable to **UC Regents**. All checks must be drawn from U.S. banks.

\$200 USD application fee (one-time, non-refundable)

\$4,165 USD **per program**  
(\$3,900 tuition, \$90 medical insurance and \$175 student service fee)

Name of student \_\_\_\_\_

Name on credit card \_\_\_\_\_ Total amount to be charged \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Authorizing card holder's signature \_\_\_\_\_ Date \_\_\_\_\_

### **REFERRING AGENCY/HIGH SCHOOL (REQUIRED TO DOCUMENT STUDENT REFERRAL)**

\_\_\_\_\_  
Agency/High school name

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

### **EXPRESS MAIL DELIVERY ADDRESS**

University of California, San Diego  
Extension International Student Services  
9600 N. Torrey Pines Road, Bldg. E  
La Jolla, CA 92037-1100

### Recommendation Form by an English Language Instructor

(PLEASE TYPE OR WRITE IN BLOCK LETTERS. AN ELECTRONIC SIGNATURE IS ACCEPTED.)

Student's name \_\_\_\_\_

The above-named student is applying to a 2-week ESL youth program at the University of California, San Diego, Extension. The program admits high-achieving students who have intermediate to advanced English proficiency. A strong recommendation from the student's English instructor is necessary for admission to this program. Your reference will only be used in connection with the student's application for admission to the ESL youth program and will not be part of any official university record. You may use extra pages if desired and may return this to the student to include with his/her application packet or email it directly to [ipadmission@ucsd.edu](mailto:ipadmission@ucsd.edu).

1) How long have you taught English to the applicant? \_\_\_\_\_

2) What is the student's English proficiency in the following?

- a) Speaking  below intermediate  intermediate or above  
b) Reading  below intermediate  intermediate or above  
c) Listening  below intermediate  intermediate or above  
d) Writing  below intermediate  intermediate or above

3) How rigorous is the academic program that this student is taking at your school?

- Highly challenging  Challenging  Average  Not challenging

4) Are you aware of any physical, emotional or behavioral limitations that may impact his/her participation with other youth in our English language classes and program activities?

- No  Yes/uncertain If yes/uncertain, please explain \_\_\_\_\_

5) How would you assess this student's maturity and ability to handle personal problems or challenges during overseas study?

- Very mature, responsible  Average, on par with peers  May struggle

6) Is this student reliable, honest and of good character?  Yes  No/uncertain If no/uncertain, please explain \_\_\_\_\_

7) Overall recommendation regarding this student's ability to participate well and demonstrate good conduct at UC San Diego:

- Recommend strongly  Recommend  Recommend with reservations  Do not recommend

Additional Comments:

Your name (Please print or type.) \_\_\_\_\_ Position/title \_\_\_\_\_

Work email \_\_\_\_\_ School name \_\_\_\_\_

School address \_\_\_\_\_

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

### **Part 1– Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

Waiver: In connection with my child's participation in the 2020 American University Experience (AUE), I for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and agree not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my child's participation in AUE.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Assumption of Risks:** Participation in AUE carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in AUE. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to indemnify and hold harmless The Regents of the University of California from any claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's involvement in AUE and to reimburse the Regents of the University of California for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understanding its terms. **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily. **With my signature, I intend for this to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

### Part 2A – Emergency and Medical Information Form

#### Primary Emergency Contact Information (Parent):

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_\_  
MM DD YYYY

#### Secondary Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_\_  
MM DD YYYY

#### Student Medical Information:

1. Are you currently taking any medications?  Yes  No

a. If yes, please list all medications and dosage information: \_\_\_\_\_  
\_\_\_\_\_

b. If yes, please explain if any of your medications require special storage (e.g., refrigeration)  
\_\_\_\_\_

2. Do you have any medical conditions that we should be aware of?  Yes  No

If yes, please list them here: \_\_\_\_\_  
\_\_\_\_\_

### **Part 2A – Emergency and Medical Information Form (continued)**

#### **Student Medical Information**

3. Do you have any disabilities for which you would like to request special accommodations?  Yes  No

If yes, please list the accommodations you would like to request. We will send you additional instructions.

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4. Do you have any allergies?  Yes  No

If yes, please list all foods/medicines/other items to which you are allergic: \_\_\_\_\_

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5. Do you have an epinephrine pen (EpiPen) or other allergy medicine that you must keep with you in case of allergic reaction?

Yes  No

If yes, please list DETAILED instructions for what our staff should do in case you have an allergic reaction:

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6. Please list any special dietary restrictions here: \_\_\_\_\_

### **Part 2B – Emergency and Medical Treatment Permission**

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

The undersigned parent of the student named herein agrees that in the event of emergency illness or any accident, any physician or hospital to which the student is referred for diagnosis and/or treatment hereby grants permission for the treatment. Parents agree to make direct payment to UC Regents as a reimbursement for any services rendered at the UC San Diego Student Health Center.

I hereby certify that I am the parent of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law for the UC Regents, UC San Diego, UC San Diego Extension Youth Programs and its agents. I give my consent without reservation to the foregoing on behalf of my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

### **PART 3 – Permission to Dispense Medication**

Yes, I give permission to the UC San Diego Extension staff or the UC San Diego Student Health Center to dispense over-the-counter medications such as Tylenol, Dramamine, Ibuprofen, etc., at the request of my child.

Yes, I give permission to UC San Diego Extension staff, Campus Housing advisors, and/or Student Health staff to administer an epinephrine injection, if necessary, in case of allergic reaction.

No, I do NOT give permission for any UC San Diego staff to dispense any medications to my child.

Other instructions – please explain: \_\_\_\_\_

I hereby certify that I am the parent of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law for the UC Regents, UC San Diego, UC San Diego Extension Youth Programs and its agents. I give my consent without reservation to the foregoing on behalf of my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_



SHS  
UC SAN DIEGO

*Patient label*

### CONSENT FOR MEDICAL TREATMENT

1. Medical Consent: I am voluntarily seeking health care and hereby consent to medical treatment, procedures, x-ray, laboratory tests and other health care services from Student Health and/or other contracted providers. I have the right to refuse specific treatments or procedures. I am at least 18 years of age, an emancipated minor, or the parent/legal guardian of a student under 18 years of age. (NOTE: Pursuant to Civil Codes 34.5–34.10, minors may consent to treatment for certain medical conditions.)
2. For students **with UCSHIP insurance**: I authorize UCSD Student Health Services to bill my Insurance Plan on my behalf for any outside laboratory or other expenses incurred. I accept responsibility for payment for all services not covered by UCSHIP, including any visit fees and pharmacy co pays. These charges may be paid by credit card on the day of service or charged to my university student account.
3. For students who **do not have UCSHIP insurance**: I accept responsibility for payment of all expenses incurred from services provided at UCSD Student Health Services. These charges may be paid by credit card on the day of service, or charged to my university student account. Charges include, but are not limited to, visit fees, medications, laboratory testing, x-rays, and supplies.
4. This “Consent for Medical Treatment” can be revoked by me at any time by written notification and is valid until revoked.

*If Consent for a minor under 18 years of age:*

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
PID #

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

HED:pg Consent for medical treatment Nov 2016

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

### Part 4 – Photography Release

During the program, pictures may be taken of students during their learning and social activities. These pictures may be used in future brochures and public information pieces promoting UC San Diego Extension Youth Programs. There may also be a local television news crew filming for a special report. Please let us know if you are comfortable with your child being photographed and/or filmed by checking one of the two options below.

Yes, I give permission for my child to be photographed and/or filmed.

The undersigned enters into this Agreement with UCSD Extension Programs (herein called "Photographer/Film Crew"). I have been informed and understand that Photographer/Film Crew is producing marketing materials (herein called the "Product") for the Extension Youth Programs and that my child's name, likeness, image, voice, appearance and/or performance is being recorded and made a part of those materials.

1. I grant Photographer/Film Crew and its designees the right to use my child's name, likeness, image voice, appearance, as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, the internet or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or reuse the Product in whole or part as Photographer/Film Crew may elect. Photographer/Film Crew or its designee shall have complete ownership of the Product in which my child appears, including copyright interests, and I acknowledge that I have no interest or ownership in the Product or its copyright.
2. I also grant Photographer/Film Crew and its designees the right to exhibit, market, and otherwise distribute the Product, either in whole or in part, and either alone or with other products, for commercial or noncommercial printing and advertising or any other purpose that Photographer/Film Crew or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to their parties, and that Photographer/Film Crew has no financial commitment or obligations to me or my child as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my child's name likeness, image, appearance and performance embodied in the Product. I expressly release and indemnify Photographer/Film Crew and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted Photographer/Film Crew herein are perpetual and worldwide.
4. In consideration of all the above, I hereby acknowledge I am receiving no monetary compensation for this release, and am signing below with full understanding and free will. I have read the foregoing and understand its terms and stipulations and agree to all of them: I hereby certify that I am the parent of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law for the UC Regents, UC San Diego, UC San Diego Extension Youth Programs and its agents. I give my consent without reservation to the foregoing on behalf of my child.

No, I do not give permission for photographs/film of my child to be used by UC San Diego Extension in promotional materials.

I certify that I am the parent of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily. My signature below confirms my answer "yes" or "no" above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

### Part 5 – Activity Consent Form

#### Waiver of Liability, Assumption of Risk and Indemnity Agreement for Field Trips and Activities

UC San Diego Extension provides students with opportunities to participate in activities which may be water-based activities or land-based (not near/involving water). All of these activities carry within them certain inherent risks that cannot be eliminated, regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but they can range from minor injuries to catastrophic injuries, including death.

By signing this form, I hereby release the Regents of the University of California, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents, illness, death or property loss arising from or related to participation in UC San Diego Extension Youth Program trips and/or activities.

I agree to indemnify the Regents of the University of California harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my child's participation in any/all these activities.

I have read the previous paragraphs and I understand there are inherent risks in my child's participating in field trips and activities. I hereby assert that my child's participation in trips and activities related to UC San Diego Extension Youth Programs is voluntary, and I am assuming all related risks. I am giving up my right to sue and am signing this waiver freely and voluntarily.

#### **Permission for Land-Based Activities**

By signing below, I give permission for my child to participate in all land-based activities during the UC San Diego Extension Youth Programs.

Note: If permission is not given for participation in land-based activities, your child will not be able to enroll in this program.

I certify that I am the parent of the student named above, and have read, acknowledge and fully understand this waiver and its terms. I further understand that I am signing this agreement freely and voluntarily, and intend my signature to completely and unconditionally release all liability to the greatest extent allowed by law the UC Regents, UC San Diego, Youth Programs and its agents. I give my consent without reservation to the foregoing on behalf of my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 5 – Activity Consent Form (continued)

#### Waiver of Liability, Assumption of Risk and Indemnity Agreement for Field Trips and Activities

##### Permission for Water-Based Activities

Our first priority is to ensure your child's safety. Your child can still participate in the UC San Diego Youth Programs if he/she cannot swim or if you do not feel comfortable allowing your child near swimming pools, beaches, or in the ocean.

- Yes, I give permission for my child to participate in swimming and/or water-based activities (near or involving water) during the UC San Diego Extension Youth Programs. I further understand that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed law the UC Regents, UC San Diego, Youth Programs, and its agents. I give my consent without reservation to the foregoing on behalf of my child.
- No, I do not give permission for my child to participate in any swimming or water-based activities during the UC San Diego Extension Youth Programs.

I certify that I am the parent of the student named above, and have read, acknowledge and fully understand this waiver and its terms. My signature below confirms my answer of "yes" or "no" above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 6 – Cancellation and Refund Policy

- **90 or more calendar days before the published program start date:** 50% of the tuition, all of the student service fee, and all of the medical insurance fee.
- **Fewer than 90 days before the program start date:** no tuition refund, refund of all of the student service fee, and refund of all of the medical insurance fee.
- **Day 1 (published start-date) of the program or later:** no tuition refund, no refund for the student service fee, and no refund for the medical insurance fee.

I understand and agree to the terms stated above.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY



### 2020 Personal Information Form

Student's family name \_\_\_\_\_

Student's first and middle name \_\_\_\_\_

Preferred first name \_\_\_\_\_ Current age \_\_\_\_\_

Gender:  Male  Female  Other, please specify: \_\_\_\_\_

During this program, what grade will you be going into for the next academic year?  8  9  10  11  12

What is your t-shirt size?  S  M  L  XL  XXL

What is your height? \_\_\_\_\_ What is your weight? \_\_\_\_\_

**Please take the time to answer the following questions thoughtfully and completely.**

1. How accepting are you of lifestyles different from your own? Please explain.
2. What do you consider to be the characteristics of a good roommate?
3. What do you want your roommates to know about you?
4. Please list three of your talents or hobbies:

I have carefully considered all of the above questions. I realize that the UC San Diego Extension staff may refer to this information in selecting my roommate and dormitory suitemates.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_