

LIVE ONLINE CONVERSATION AND LIVE ONLINE CONVERSATION AND FLUENCY APPLICATION

Thank you for your interest in applying to the live online Conversation or Conversation and Fluency programs. Please submit this complete application along with a **copy of your passport name page or national ID** to ipadmission@ucsd.edu.

FAMILY NAME (SURNAME)

FIRST NAME (GIVEN)

MALE / FEMALE

STUDENT EMAIL

STUDENT ADDRESS

CITY AND COUNTRY OF RESIDENCY

DATE OF BIRTH (MONTH/DAY/YEAR)

CITY AND COUNTRY OF BIRTH

SELECT YOUR PROGRAM DATE(S). PLEASE CHECK ALL THAT APPLY:

The live online Conversation and Conversation and Fluency programs are for **high-beginner to advanced English proficiency levels**. Please select the program(s) and program date(s) you wish to participate in:

Conversation (10 hours)

Monday – Friday
6-8 p.m. Pacific Time

Conversation and Fluency (15 hours)

Monday – Friday
6-9 p.m. Pacific Time

2022 DATES

<input type="checkbox"/>	Spring: March 7 – April 1
<input type="checkbox"/>	Summer: July 5 – 29
<input type="checkbox"/>	Summer: August 1 – 67
<input type="checkbox"/>	Summer: August 29– September 23

2022 DATES

<input type="checkbox"/>	Spring: March 7 – April 1
<input type="checkbox"/>	Summer: July 5– 29
<input type="checkbox"/>	Summer: August 1– 26
<input type="checkbox"/>	Summer: August 29 – September 23

Application fee: \$50 USD
Conversation: \$1,000 USD

Application fee: \$50 USD
Conversation and Fluency: \$1,500 USD

A link to the IP Online Payment Portal and instructions on payment options will be emailed to you. Please sign below and send this application to ipadmission@ucsd.edu.

SIGNATURE

DATE

DID YOU RECEIVE HELP TO APPLY TO THIS PROGRAM?

AGENT OR UNIVERSITY NAME

AGENT OR UNIVERSITY EMAIL

Thank you for choosing UC San Diego!

Authorization for Release of Student Information (To be Completed by Student)

Student Information

Student information is confidential and protected by the Federal Family Educational Rights and Privacy Act (FERPA). Written authorization is required to release any information that is not considered public information. Please complete the following information.

1. _____
(Student Last Name) (Student First Name)

Authorization

I authorize the following agent, university, or individual to act on my behalf in all matters related to applying to UC San Diego Extension International Programs. I understand that all information related to applying to UC San Diego Extension International Programs will be communicated to the agent/person listed below.

Agency/University

2. _____
(Agency/University) (Agent/Advisor's **Full Legal Name**)
- _____
(Date of Birth) (Email)
- _____
(**Complete** Address: Building/Office number, Street) (City/State/Region/Province)
- _____
(Country and Postal Code) (Phone Number)

Other (family member, friend, etc.)

3. _____
(**Full Legal Name**) (Relationship to Student)
- _____
(Date of Birth) (Email)
- _____
(**Complete** Address: House/Apartment number, Street) (City/State/Region/Province)
- _____
(Country and Postal Code) (Phone Number)

Signature

By signing below, you agree to the information mentioned above. This approval will remain in your record until otherwise requested or new authorization is submitted. You can change this authorization or cancel it at any time by emailing ipadmission@ucsd.edu.

(Student Signature) (Date)