

Please print clearly or type  
Have you ever applied to any of our programs before?  
Yes No  
I plan to enroll in:  
Program Dates: Year  
Family/Last Name:  
Given/First Name:  
Male Female  
Birth date (Month/Day/Year):  
If younger than 18, please complete the Parental Release form.  
Country of Citizenship:  
Country of Birth:  
If available, send copy of identification page (photo, name, etc.) of your passport.

**Applicant's home address**

Street Address:  
City:  
Province/State: Postal Code:  
Country:  
Telephone:  
E-mail:

**Mail acceptance materials to me at (if different from home address):**

Addressee:  
Street Address:  
City:  
Province/State: Postal Code  
Country:  
Telephone:  
(Area Code)

How would you like us to mail your acceptance materials?  
Regular mail (Free)  
Express mail (Please include extra \$40 fee.)  
If you apply within 30 days of the program, your acceptance will be mailed by express mail and you will be responsible for the fee.

**What type of housing would you like?**

- International residence center
- International Village
- Home stay
- I will arrange my own housing

Level of study completed: High school University  
Name of school/university:  
How did you first hear about us?  
From whom did you receive this brochure?  
Do you need an I-20 for a student visa? Yes No  
If **yes** please fill out application for I-20.  
If "no" please explain:

PLEASE SEND APPLICATION FORM  
AND \$90 APPLICATION FEE TO:  
International Education Programs, UC Riverside,  
Extension - Albino Marks - estudareua.com  
2542 Waterford Ct, San Bernardino, CA 92408, U.S.A.  
Phone/Fax 909-422-1002  
E-mail: [info@estudareua.com](mailto:info@estudareua.com) **REQUIRED**

**APPLICATION FOR I-20 (FOR F-1 STUDENTS)**

**BANK LETTER**

Please include an original bank letter with your application. It should include a bank official's signature, the official bank stamp and must indicate sufficient funds for your school and living expenses.(See required amounts below.)

Global Nursing Review program	\$ 28,900
36-week AYCP program	\$ 18,150
30-week AYP program	\$ 17,300
10-week English, DYO, ITA or TESOL programs	\$ 6,400
6-week English programs	\$ 4,500
2-to-4-week English programs	\$ 3,100

If the bank account does not belong to the student, please complete the following:

Sponsor Name:  
Relationship to student:  
Street Address:  
City and Postal Code:  
Province/State:  
Country:

**DEPENDENTS (for F-2 visa)**

If your spouse and/or child(ren) will accompany to the United States, please include the following for each person: family name, given name, gender, spouse or child date of birth, country of birth, and if available, photocopy of passport.

Family Name	Given Name	M/F	S/C	DOB	Country
-------------	------------	-----	-----	-----	---------

**TRANSFER STUDENTS**

Previous school name:  
Completion date at previous school:  
Include a photocopy of your I-20. We will send you a Transfer Request form. Return the Transfer Request form to your previous School's foreign student office.

**PAYMENT OF FEES**

Fees may be paid by cashier's check/money order payable to "UC Regents" or by VISA or MasterCard:  
VISA/MasterCard number:  
Expiration date:

Authorizing signature:

"Please charge to my VISA/MasterCard for the following non-refundable fees."

- \$ 80 Enrollment Application fee
- \$ 70 On-Campus Housing Placement fee
- \$150 Homestay Placement fee
- \$ 50 Express Mail fee

Other fees: (may be refundable)