


<p>PERSONAL INFORMATION Please TYPE or CLEARLY PRINT your name EXACTLY AS IT APPEARS ON YOUR PASSPORT. (Include a copy of your passport page with name and photograph, if available.)</p> <p>Last Name (Family name)</p> <p>First Name (Given name)</p> <p>Middle Name(s)</p> <p>Male Female Date of Birth <u> </u> / <u> </u> / <u> </u> mm/dd/yyyy</p> <p>Country of Birth</p> <p>Country of Citizenship</p> <p>Applicant's Foreign Address</p> <p>Street Address</p> <p>City Province/State</p> <p>Country Postal Code</p> <p>Telephone (with area code)</p> <p>E-mail</p> <p>Mailing address for acceptance materials (if different from foreign address):</p> <p>Street Address</p> <p>City Province/State</p> <p>Country Postal Code</p> <p>Telephone (with area code)</p> <p>E-mail</p> <p>Have you ever applied to one of our programs? Yes-Student ID No</p> <p>Level of study completed: High School University</p>	<p>PROGRAM INFORMATION Please indicate all the program(s) and the duration(s) you intend to study. If applying to more than one program, please choose in the order</p> <p>Program Starting Date Year: Quarter: Month:</p> <p>English Language Programs: Program:</p> <p>Program:</p> <p>Academic and Professional Programs: Program:</p> <p>Program:</p> <p>Postgraduate Certificate and Diploma Programs Program:</p> <p>Program:</p>	<p>AGENCY/SPONSOR/EMBASSY</p> <p>Agency/Sponsor/Embassy Name</p> <p>Street Address</p> <p>City Province/State Country Postal Code</p> <p>Telephone Number (Required) Fax Number (Required)</p> <p>E-mail (Required)</p> <p>Agency ID #</p> <p>IMPORTANT For sponsored students: Our office receives requests from your agent/representative to release your financial and academic records. Under University policy, your written consent is required to release this information to a third party. By signing below, you authorize the release of the above information.</p> <p>Student's Signature </p> <p>For more information regarding the privacy of your student record, please visit Privacy</p> <p>TRANSFER STUDENTS If you are transferring from another school in the U.S.A., please complete the section below.</p> <p>Name of your current school</p> <p>Street Address</p> <p>City State Zip Code</p> <p>Telephone Number Fax Number</p> <p>E-mail Address</p> <p>Your SEVIS ID number:</p> <p>Please include the following documents with your application: 1. copies of all the I-20s from the schools you have attended, 2. a copy of your passport information page 3. copies of the front and back of your I-94 form, and 4. a copy of your visa. * If you need to travel outside the U.S. before your program begins, you must have a transfer pending I-20. Please contact our office.</p>
---	--	---

I-20 APPLICATION (Required for F-1 Student Visa)

Do you need an I-20? (Please note that I-20's can only be issued for full-time study)

Yes. Please complete this section No. Go to Payment of Fees.

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 fees and living expenses. The bank letter must be in English and all funds must be specified in U.S. dollars.(See required amounts below.)

4-week English Program	\$3,200
6-week English Program	\$4,800
10-week English or Academic Program	\$6,800
10-week University Credit Program	\$7,500
10-week University Admission Preparation Program	\$6,800
30-week English Program	\$17,900
10-week Postgraduate Certificate Program	\$10,000
9-month Postgraduate Diploma Program	\$29,500
9-month Global Nursing Review Program	\$29,800
3-week TESOL Methodologies Workshop	\$2,900
One-year TESOL Certificate	\$27,400
9-month Academic-year Certificate Program	\$21,700

Please fill out the spaces below to define the total amount required on the bank statement:

1. Funds required for your program
(see table): \$

2. (number of dependents)
x \$500 = \$

Total amount required in bank
statement (1+2): \$

DEPENDENTS (for F-2 visa)

If your spouse and/or child(ren) will accompany you to the United States, on a separate sheet please include the following information for each person: family name, given name, gender (male/female), relationship to you (spouse/child), date of birth (month/day/year), country of birth, and if available, photocopy of passport. An additional \$500 per person, per quarter must be added to the amount above.

CERTIFICATION BY BANK OFFICIAL

If you are unable to obtain a bank letter from your bank, please contact us for other options.

SPONSORSHIP BY AGENCY/COMPANY/EMBASSY

If you will be sponsored by an agency, company or embassy, you must submit a letter of sponsorship on the organization's letterhead.

STATEMENT OF FINANCIAL SUPPORT

The person who is financially responsible for you must read and sign the statement below. If you are financially responsible for yourself, you may sign the statement yourself.

"I have read the information regarding the cost of tuition and living expenses for the period of study at the University of California, Riverside, Extension.

I certify that these funds are available, and I accept full responsibility for these expenses."

Name of Person/Organization Financially Responsible Relationship to Student

SIGN HERE

Signature

Date

PAYMENT OF FEES

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

If you would like to pay by credit card, please complete the following:

Credit Card Number

Cardholder's Name

Expiration Date

SIGN HERE

Authorizing Signature

Please charge the following non-refundable payments with my application.

Enrollment Application Fee.....\$150
Housing Placement Fee.....\$150
Express Mail Fee.....\$ 50
Other Fees.....\$

STUDENT SIGNATURE (Required):

"I certify that the information on this entire form is correct to the best of my knowledge."

SIGN HERE

Signature

Date

Please mail, fax, or e-mail your completed application and payment of fees to:

International Education Programs
UC Riverside, Extension
1200 University Avenue
Riverside, CA 92507-4596, U.S.A.
Phone: (1-951) 827-4346
Fax: (1-951) 827-5796
E-mail: iep_application@ucx.ucr.edu