

# UNIVERSITY OF CALIFORNIA, IRVINE, DIVISION OF CONTINUING EDUCATION

BERKELEY DAVIS **IRVINE** LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

SANTA BARBARA SANTA CRUZ



## University Programs, International Programs

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**Mailing Address:**  
P.O. Box 6050  
Irvine, CA 92616-6050 U.S.A.

## Application for California Academic Program/Customized Study Language Focused Programs (CAP/CSL)

### 1 PERSONAL INFORMATION (All information must be truthful and accurate regarding the applicant; otherwise the application will not be processed.)

Please type or clearly print your name exactly as it appears on your passport. Include a recent passport copy.

Last Name (Family name) \_\_\_\_\_

First Name (Given name) \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Name of College/University \_\_\_\_\_

Current Year  1st  2nd  3rd  4th

Major \_\_\_\_\_

Cumulative Grade Point Average (GPA) \_\_\_\_\_

Highest TOEFL/IELTS Score (dated within two years of the date of this application) \_\_\_\_\_

**TRANSCRIPT** - Enclose an official copy of your most up to date transcript.

### STUDENT'S PERMANENT ADDRESS IN HOME COUNTRY

Street Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

Permanent Telephone \_\_\_\_\_

Email (required) \_\_\_\_\_

### CONTACT INFORMATION FOR ALL IMPORTANT CORRESPONDENCE

Street Address 2-43-19 Minami-Ikebukuro, Toshima-ku

City Tokyo

Country Japan Postal Code 171-0022

Permanent Telephone +81-03-3988-2304

Email (required) info@UCECGP-Japan.jp

### 2 SELECTION OF PROGRAM

Check the appropriate boxes to indicate your preference for attendance dates.

#### STARTING YEAR

- 2017  
 2018  
 2019

#### STARTING QUARTER

- Fall  
 Spring

### 3 HOUSING

Please choose from the following options and apply directly to the company. The CAP office will assist in the application process.

- University Apartments by RexIrvine (see ASAP pricing):  
<http://ip.ce.uci.edu/arrival-housing/university-apartments/>

- Homestay: <http://ip.ce.uci.edu/arrival-housing/homestay/>

### 4 HEALTH INSURANCE

Students must have health and liability insurance that meets program minimum requirements. Students may purchase UC health insurance or submit a health insurance waiver.

- I understand and agree to the above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 5 ESSAY AND UNIVERSITY RECOMMENDATION

### ESSAY

**Tell us about yourself. Answer the following questions, providing as much detail as you can:**

Why are you interested in the CAP/CSL Program?

What are your future career plans and goals?

How do you think the CAP/CSL Program will help you achieve your goals?

### UNIVERSITY RECOMMENDATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 6 FINANCIAL INFORMATION

Submit a bank-certified financial statement on official bank letterhead to prove that you have sufficient funds of \$35,900 to cover tuition and living expenses during the period of study in the program. All funds must be stated in **U.S. dollars**, and the statement must be dated within six months of the date when the applications is received and be for liquid assets, e.g., funds which are immediately available.

### 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.

Name of Person/Organization Financially Responsible
Relationship to Student
Signature of Financially Responsible
Date

## 7 EDUCATIONAL INSTITUTION OR OFFICE

**Please complete this section if the applicant is referred by a representative.**

Educational Agency \_\_\_\_\_

Embassy \_\_\_\_\_

University/Partner Institution \_\_\_\_\_

Other (e.g., parent, spouse, friend, etc.) \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

### IMPORTANT

Sign below to authorize UCI DCE to release your financial and academic records, I-20, and any documents pertaining to your immigration status to the agent/representative listed above. See <http://www.reg.uci.edu/privacy> for more information about student record privacy.

Student's Signature \_\_\_\_\_

## 8 COMMENTS (optional)

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## 9 STUDENT SIGNATURE

### STUDENT SIGNATURE

I certify that the information on this entire form is correct to the best of my knowledge. If I choose to stay in a University Apartment during the first quarter, I agree to pay the required and non-refundable housing fees. I acknowledge that UC Irvine (including DCE) is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_