

How to Apply

The following items must be enclosed with your application. All documents must be in English.

1. For all programs, these items must accompany the application:

- A Application fee (*nonrefundable for each program*)
 - English Language Programs: \$150
 - Academic Connections International: \$200
 - University Credit and Summer Session Programs: \$200
 - Certificate Programs: \$200
- B Copy of passport name-page
- C Financial verification **OR** copy of bank statement **WITH SPONSOR'S SIGNATURE IN SECTION 4 OF PAGE A4 IF I-20 IS REQUIRED.**
- D Express mail fee, optional but strongly recommended: \$50 (may vary depending on location)
- E Information Release form for those students who have financial sponsors or who enroll in our programs through a university partnership agreement. Please request the Information Release form from ipinfo@ucsd.edu.
- F Transfer students must submit the UC San Diego Extension International Programs Academic Verification Form along with the application to be considered for transfer. Students may request this form from ipadmission@ucsd.edu.
- G On-campus housing application, if desired:
 - Include the on-campus housing application found on our website under "Student Life."
 - Full payment must be included with the on-campus housing application to reserve a space. (See page 28.)

H For all programs, we must receive the following at least 30 days before the published program start date:

1. Payment for UC San Diego medical insurance or Medical Insurance Verification Form completed by insurance provider, plus proof of coverage benefits on insurance company letterhead. (See page A5.)
2. Tuberculosis Assessment Form. (See page A6.)
3. Proof of required vaccinations. See information with program acceptance material.
4. Full payment of tuition and fees as invoiced by us after acceptance is sent.

Note: For applications received fewer than eight weeks before the program start date, all payments and documents listed in H1-4. (above) must be submitted along with the application.

2. For English language programs and seminars:

- Intensive Legal English program: Applicants must submit academic transcripts for the four most recent semesters of study, showing some previous coursework in Western law or Western civilization, and a brief statement to explain previous law-related experience and their purpose in taking this program. Applicants must have advanced English proficiency. All students must take the UCSD-ELI placement tests upon arrival. However, a score of 90 on the TOEFL iBT or 7.5 on the IELTS will fully satisfy the required proof of advanced English proficiency.

- For our University Preparation Academy, students must submit the following items:
 - High school or university transcripts for the four most recent semesters—must show grades in the top 5-10%. Transcripts must be in English.
 - New students must have a language proficiency score of 90 iBT or 7.5 IELTS.
 - Continuing students coming directly from UC San Diego's ELI 10-week programs must have excellent attendance and grades in previous ELI classes, placement in one of ELI's highest proficiency levels, and certain minimum scores on ELI's placement exams. (Specific requirements for continuing students are available from the ELI Academic Advisor.)

3. For TEFL Certificate programs:

- Language proficiency verification
- Copy of transcripts in English for the two most recent years of academic studies
- A one-page statement explaining why you would like to take the TEFL Certificate program, the Special Studies in TEFL program, or the TEFL Proficiency program.

4. For University and Professional Studies (UPS):

- Language proficiency verification
- Copy of transcripts in English for the TWO most recent years (four semesters) of academic studies. These transcripts must clearly indicate excellent academic achievement, including cumulative grade point average.
- List of 12 or more courses per quarter using our Course List Form, organized by quarter, which you would like to take at UC San Diego or UC San Diego Extension. You will find our Course List Form on our website under "What to Send" in our "How to Enroll" section.
- A one-page statement explaining your reasons for choosing UC San Diego for your study abroad experience.

5. For Business Certificate Programs:

- Please see pages 17-21 of the brochure for admission requirements.
- For the Business Management program, please indicate the program specialization on the application form.
- For the business programs, it is recommended to submit the application four months in advance. Not all applicants are admitted to the programs. Space is limited and the admissions review is competitive.

6. For Academic Connections International (ACI) and Summer Session:

- Please see website in April 2016 for details and for the supplemental application: ip.extension.ucsd.edu

If possible, please send page A3 of the application and all supporting documents as one pdf file to ipadmission@ucsd.edu. To protect your credit card information, please send page A4 of the application to our secure fax number: +1-858-534-5703.

Frequently Asked Questions

A) Do I need to arrive on time for my program to complete registration? Yes, you must arrive at least one day before the published program start-date. Students who do not complete all required registration items by 4 p.m. on the first published start-date of the program must pay a Late Registration fee of \$200 USD.

B) Do I need a student visa (F-1) to attend your programs? If your main intent in coming to the U.S. is to study, you should apply for a student visa. If you are coming to the U.S. mainly for tourism, and you also want to take English classes for your own pleasure or as recreation, then a tourist visa (B-2) or Visa Waiver (WT) is appropriate. If you are not sure whether study or tourism is your main intent, explain your plans to the U.S. Embassy or Consulate in your country and they will advise you on the appropriate visa to apply for. **You should not schedule a visa interview until you have received our acceptance letter and other acceptance materials.**

COST CALCULATOR

C) How much money do I need to study and live in the U.S.? You can calculate your total *estimated* expenses by using the following chart:

Program length	Tuition (fill in amount)	Living expenses*	Other costs**	Total
4-week ESL Program	\$	\$ 1,500	\$ 570	\$
10-week ESL Program	\$	\$ 3,600	\$ 1,340	\$
UPS (1 quarter)	\$ 7,800	\$ 3,675	\$ 1,590	\$13,065
Certificate Program (1 quarter)	\$	\$ 3,900	\$ 1,430	\$
Certificate Program (2 quarters)	\$	\$ 7,500	\$ 2,755	\$
Certificate Program (3 quarters)	\$	\$12,150	\$ 3,420	\$
Certificate Program (4 quarters)	\$	\$14,700	\$ 4,495	\$
5-week Summer Session Full-time	\$	\$ 1,800	\$ 1,075	\$

***Living expenses** include: housing, utilities, food, and incidentals, such as clothing and entertainment.

****Other costs** include: international student service fee, health insurance, books, supplies, school ID and library cards, and transportation, as described in the "Additional Costs" page of our brochure.

Please note that the living expenses and other costs listed above are estimates and vary depending on individual housing choices. If you plan to bring your spouse and/or children, your financial verification must include an additional \$500 per month for your spouse and \$300 per month for each child.

D) How long will it take to receive my acceptance information? We will mail your acceptance information as soon as possible after we receive your complete application with all required documents and fees. During peak times, it can take several weeks before acceptance documents are sent. For fast delivery, we recommend you choose the express mail option—see Payment Procedure in the application. Applications without express mail take an average of 10–12 weeks for delivery.

E) How do I apply for housing? Refer to our brochure or the "student life" tab on our website for information on housing options. When you are ready to apply, contact the individual housing vendors for their application and additional information.

F) What method of payment do I use? **Application and express mail fees must be paid by credit card.** For all other fees, please enclose a money order or bank draft in U.S. dollars, payable to UC Regents. A bank draft must be drawn on a U.S. bank or a U.S. branch office of your bank. We cannot accept Eurochecks. We cannot accept electronic transfers (ACH). You may also pay by credit card or bank-to-bank transfers via Western Union Business Solutions. Western Union Business Solutions offers a competitive rate of exchange for processing payments in many international currencies. For more information about this method of payment please email ipfinancials@ucsd.edu. If paying by credit card, please do not send your credit card number to us by email. Please only send your credit card number to our secure fax number: +1-858-534-5703.

G) Am I required to purchase UC San Diego medical insurance? You are not required to purchase UC San Diego medical insurance. However, you are required to have medical insurance in order to study on campus. If you choose not to purchase UC San Diego medical insurance, your insurance company must provide proof of medical insurance that will provide the five minimum coverage amounts listed in section 3 of page A5 of this application for the total duration of your studies at UC San Diego Extension International Programs. If you choose to purchase your own medical insurance, your insurance company must fill out the Medical Insurance Verification form located on page A5. For more information, please email our Student Health and Welfare Advisor at iphealth@ucsd.edu.

H) Why do I have to provide the Tuberculosis (TB) Form? Because of the increasing occurrence of Tuberculosis (TB) around the world, and because people travel more frequently, UC San Diego requires all domestic and international students to confirm their TB status if they have lived in or traveled to regions which are listed as high frequency for TB cases by the U.S. Centers for Disease Control (CDC).

UC San Diego Extension International Programs 2016

1. Personal Information (Please print very CLEARLY and read instructions on page A1. Incomplete applications will not be processed, and will be sent back to the student or agent. PLEASE NOTE: Hanmail, Daum, and Naver email accounts are blocked by UC San Diego email.)

Family Name (surname) (ATTACH COPY OF PASSPORT NAME-PAGE)	First Name (given name) (as it appears in your passport)	<input type="radio"/> Male <input type="radio"/> Female
Country of Birth	Date of Birth month/day/year (e.g. JAN 01, 1979)	
Country of Citizenship	Student's Email (Please print clearly.)	Agent's Email
Native Language		
Student's permanent address in home country (required): <input type="radio"/> Check here if this is where you want your I-20 and acceptance materials to be mailed.		
Address	Street	Apartment Number
Address (continued)		
City	Postal Code	Country
Telephone (country code/city code/number)		
PLEASE NOTE: Hanmail, Daum, and Naver email accounts are blocked by UC San Diego email.		
<input type="radio"/> I will pick up my acceptance information from the UC San Diego Extension office, Bldg E, OR		
<input type="radio"/> Address to which I-20 and acceptance materials should be mailed:		
Student Name or Agency Name		
Address	Street	Apartment Number
City	Postal Code	Country
Telephone (country code/city code/number) Fax (country code/city code/number)		

2. Program Information I am applying to the following program(s) (check all that apply and indicate start-date for each):

I plan to enroll for: <input type="radio"/> 1 session <input type="radio"/> 2 sessions <input type="radio"/> 3 sessions <input type="radio"/> 4 sessions <input type="radio"/> not sure	University Credit Programs Start Date <input type="radio"/> Summer Session Full-time _____ <input type="radio"/> Summer Session Part-time* _____ Note: For Academic Connections International or Summer Session, obtain Supplemental Application from our website.
Ten-week English Language Programs Start Date <input type="radio"/> Communication and Culture _____ <input type="radio"/> Intensive Communication and Culture _____ <input type="radio"/> Intensive Academic English _____ <input type="radio"/> Intensive Business English _____ <input type="radio"/> Intensive Legal English _____ <input type="radio"/> Intensive TOEFL Preparation _____ <input type="radio"/> University Preparation Academy _____ <input type="radio"/> Other _____	Certificate Programs <input type="radio"/> Business Management (2 quarters) _____ Student must choose specialization: <input type="radio"/> Finance <input type="radio"/> Global Commerce <input type="radio"/> Human Resources <input type="radio"/> Marketing <input type="radio"/> Business Management (3 quarters) _____ Student must choose specialization: <input type="radio"/> Finance <input type="radio"/> Global Commerce <input type="radio"/> Human Resources <input type="radio"/> Marketing <input type="radio"/> Project Management (2 quarters) _____ <input type="radio"/> Intermediate Business Essentials (1 quarter) _____ <input type="radio"/> Intermediate Business Essentials (2 quarters) _____ <input type="radio"/> Intermediate Business Essentials (3 quarters) _____ <input type="radio"/> Business Essentials (1 quarter) _____ <input type="radio"/> Business Essentials (2 quarters) _____ <input type="radio"/> Business Essentials (3 quarters) _____ <input type="radio"/> Business Essentials (4 quarters) _____ <input type="radio"/> TEFL (6-month) <input type="radio"/> Summer Intensive TEFL _____ <input type="radio"/> Special Studies in TEFL _____ <input type="radio"/> TEFL Proficiency _____ <input type="radio"/> Other _____
Short-term English Programs and Seminars <input type="radio"/> Conversation (45 hours)* _____ <input type="radio"/> Conversation and Fluency (80 hours) _____ <input type="radio"/> Business English _____ <input type="radio"/> Academic English _____ <input type="radio"/> Medical English _____ <input type="radio"/> Other _____	
University Credit Programs Start Date <input type="radio"/> University and Professional Studies _____ <input type="radio"/> Academic Connections International* _____	

*This program does not qualify for an I-20.

Have you attended any of our programs before? If so, when? _____

3. Transfer Students

Will you be coming directly from another school in the U.S.?

- ☐ **No.** If no, we need no further information regarding your transfer status.
- ☐ **Yes.** If yes, you must submit the UC San Diego Extension International Programs Academic Verification Form along with the application to be considered for transfer.

Students must download the Academic Verification Form from the "How to Enroll" section of the ip.extension.ucsd.edu webpage or request it from ipinfo@ucsd.edu.

Current school name

Telephone

Dates of attendance

4. I-20 Request

Student's FAMILY name (surname)

FIRST name (given name)

Do you need an I-20? ☐ YES. If yes, please select one: ☐ for an F-1 visa ☐ for school transfer ☐ for change of status
☐ NO, I do not need an I-20. I am (please check one): ☐ U.S. Citizen/Permanent Resident ☐ Other non-immigrant status (specify) _____

Financial Verification Please check source of your funds: ☐ Personal/Own ☐ Family ☐ Other (specify) _____

A. REQUIRED FOR I-20: A bank statement or signed letter of sponsorship **in English** by an approved company or school, dated within the last 90 days and showing enough funds for the first program which the student is applying to, plus living expenses and other costs. Please see expense calculator chart on page A2 of the application form to determine total funds needed. If the bank statement is in a foreign currency, it must show enough funds when converted to U.S. dollars.

Name of account holder

Name of bank

Bank location (city and country)

Amount of available funds in equivalent U.S. dollars
(must equal or exceed amount needed in section C on page A2)

Date (within last 90 days)

Official Bank Seal/
Stamp

Name and Title of Bank Official

Signature of Bank Official

B. REQUIRED FOR I-20: The family member or other person who is financially responsible for you must read this statement and sign below. "I have read the information regarding the cost of tuition and living expenses and other costs for the period of study at UC San Diego, Extension. I certify that these funds are available, and I accept full responsibility for these expenses."

Name of person financially responsible (print clearly)

Signature

Relationship to student

Date (m/d/y)

Dependents If you plan to bring your spouse (wife or husband) and/or children on F-2 visas, you must list them here. Attach additional sheet if more space is needed. Please include copy of passport name-page for each family member. (Parents and siblings are not considered dependents.)

Family name	Given name	Birthday (e.g., JAN 01,1997)	Country of birth/Country of citizenship	Relationship to you	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family name	Given name	Birthday (e.g., JAN 01,1997)	Country of birth/Country of citizenship	Relationship to you	<input type="checkbox"/> Male <input type="checkbox"/> Female

Do any of your family members plan to study full-time at UC San Diego? ☐ Yes ☐ No

5. Payment Procedure

You must submit the non-refundable application fee and express mail fee, if selected, with your application. Application fee/express mail fee must be paid by credit card. All other fees must be paid in full 30 days before your program, or you may include full or partial payment now. Payment for the UC San Diego photo ID card and for textbooks CANNOT be made in advance and can only be purchased after arrival at UC San Diego. Please indicate the amount you are enclosing with this application:

<input type="radio"/> English Language Programs application fee:	\$150	<input type="radio"/> 3-day express mail delivery of I-20 due with application:	\$50
<input type="radio"/> Academic Connections International application fee:	\$200	(Strongly recommended because regular airmail can take 10-12 weeks for delivery. Fee may vary depending on location.)	
<input type="radio"/> University Credit Programs application fee:	\$200	<input type="radio"/> Medical insurance from UC San Diego (if selected, see pg. 27 for cost):	\$
<input type="radio"/> Certificate Programs application fee:	\$200	<input type="radio"/> Program change fee:	\$150
<input type="radio"/> Partial or full tuition amount (ESL programs only):	\$	TOTAL amount enclosed with this application: \$	
<input type="radio"/> International Student Services fee (see pg. 27 for details):	\$		

PAYMENT OPTIONS (Please do not mail cash or traveler's checks.)

☐ I have enclosed a money order/bank draft in the amount of \$ _____ (Make checks payable to UC Regents. All checks must be drawn from U.S. banks.)

☐ I would like to pay by credit card. If paying by credit card, write your full name at the top of this page and send it to our secure fax. Do not send your credit card number by email. ☐ MasterCard ☐ Visa ☐ AMEX ☐ Diners Club ☐ Discover

Credit card number

Expiration date (month/year)

Total to be charged

Name on credit card

Authorized card holder's signature

6. Signature (Application cannot be processed without a student signature.) I certify that all application information is true and that I have read and understand the policies described in this application and the Extension International Programs brochure. I acknowledge that I am required to pay the non-refundable application fee even if I decide to withdraw or cancel my enrollment.

Signature of applicant

Date

Please fax, express mail, or email completed application and required documents to:

Express Delivery Address:

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

Fax: +1-858-534-5703

Email: ipadmission@ucsd.edu

www.ip.extension.ucsd.edu

REFERRING AGENCY/UNIVERSITY (REQUIRED TO DOCUMENT STUDENT REFERRAL)

Agency/University name

Contact name

Fax

Email

Medical Insurance Verification Form

Are you buying UC San Diego medical insurance?

☐ **Yes.** If yes, do not fill out this form.

☐ **No.** If no, your insurance company must complete and submit this form at least 30 days before your program start-date. All information fields are required.

Please attach a summary of benefits in English on company letterhead from your medical insurance company to prove coverage for the five required minimum benefits listed in section 3 below.

Please submit the completed Medical Insurance Verification Form by fax or email to +001-858-534-5703 or iphealth@ucsd.edu.

1. Student Information:

Family Name

First Name

Student's Email

Date of Birth month/day/year (e.g. JAN 01, 1979)

2. Medical Insurance Company Information:

Company Name

Policy Number

Date insured from month/day/year (e.g. JAN 01, 1979)

Date insured to month/day/year (e.g. JAN 01, 1979)

Important Note: Dates of insured coverage must include the entire length of the student's program at UCSD.

3. Insurance Coverage Amounts (to be completed by insurance company only)

All 5 items must equal or exceed UC San Diego Required Minimum Benefits. UC San Diego medical insurance requirements include full coverage for pre-existing conditions and mental health. Please find an insurance plan which covers ALL pre-existing conditions and mental health (without any restrictions).

UC San Diego Required Minimum Benefits	UC San Diego Medical Insurance provides the following benefits:	Enter Below: insurance coverage in equivalent U.S. dollars (must equal or exceed UC San Diego Required Minimum Benefits)
1. \$250,000 USD per illness or injury, including pre-existing and mental health conditions (all illnesses and injuries, not just emergencies and accidents)	1. Unlimited per illness or injury, including pre-existing conditions and mental health	1. \$_____ per illness or injury, including pre-existing conditions and minor illnesses and injuries
2. \$50,000 USD for medical evacuation	2. \$50,000 USD medical evacuation	2. \$_____ for medical evacuation
3. \$25,000 USD for repatriation of remains	3. \$25,000 USD repatriation of remains	3. \$_____ for repatriation of remains
4. A deductible not to exceed \$75 USD per illness or injury	4. \$75 USD deductible per illness or injury	4. \$_____ deductible per illness/injury
5. 100% coverage of all medical care and 50% coverage of prescribed medicines after the deductible	5. 100% coverage for all medical care and 50% for prescribed medications after deductible	5. Coverage by our company is at _____% after the deductible, including _____% coverage for pre-scribed medicines

Medical insurance company payment procedure (check one):

_____ Student pays medical fees and is later reimbursed by the medical insurance company.

_____ Insurance company is billed directly.

_____ Other, please explain: _____

Required:

1) Official Stamp from your medical insurance company to confirm above coverage and dates.

2) English-speaking claims representative in your insurance company:

Name

Phone

Address

Street

Apartment Number

City

Postal Code

Country

Email of English-speaking representative in insurance company (Please print clearly.)

Official Stamp of Medical Insurance Company

UC San Diego Extension International Programs 2016

Tuberculosis (TB) Questionnaire

Because global travel for business, studies, and pleasure has increased, the risk of TB exposure has also increased. For everyone's health and safety, **all visitors and students must complete and return this form at least 30 days before the program start-date.**

Family name of participant _____

First name of participant _____

Date of birth _____ month/ day/ year

Student Email Address _____

Please answer the following questions:

- ☐ Have you ever had a positive TB skin or blood test? Yes ☐ No ☐
- ☐ Have you ever had close contact with anyone who was sick with TB? Yes ☐ No ☐
- ☐ Are you from or have you ever lived or traveled in one of the following areas:
Mexico, South or Central America, Eastern Europe, Asia, the Middle East, or Africa? Yes ☐ No ☐

If all questions are answered **NO**, you have completed your TB Assessment. Please send the TB Questionnaire to iphealth@ucsd.edu or fax it at **+1-858-534-5703**. After you submit the TB Questionnaire, there is nothing more for you to do regarding the TB Assessment.

If any questions are answered **YES**, then **you must also have your health care provider complete the TB Assessment below**, documenting either treatment for TB or negative TB test results **thirty (30) days before the start of your program**.

Tuberculosis (TB) Assessment

This part of the form must be completed only by a licensed health care provider. The completed, signed form must be faxed to UC San Diego Extension International Student Services at **001-858-534-5703**. Or it can be sent to us as a scanned document attached to an email sent to: iphealth@ucsd.edu.

RISK FACTORS: (please ask student and check any that apply)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Immunosuppressed (HIV/AIDS), organ transplant, or on immunosuppressant medication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. History of abnormal chest x-ray suggestive of TB disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student have signs or symptoms of active tuberculosis disease?
(Cough more than 3 weeks, chest pain, unexplained weight loss, fevers, night sweats) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If no, proceed to 4 or 5. If yes, proceed with additional evaluation to exclude active TB, including TB skin or blood testing, chest x-ray, and sputum evaluation as indicated, and show results below.

4. Tuberculin Skin Test (TST) TST results should be recorded as millimeters (mm) of induration. If no induration, write "0." Five mm is considered positive if there is a history of abnormal chest x-ray, recent exposure to active TB disease, or is immunosuppressed. 10 mm induration is considered positive if coming from a high-risk area or has other high-risk conditions (IV drug use, chronic renal disease, cancer, diabetes, malabsorption or GI bypass).

- ☐ Date TST test was given: _____ month/ day/ year
- ☐ Date TST test was read: _____ month/ day/ year
- ☐ Result: _____ mm induration
- ☐ Interpretation: negative ☐ positive ☐

5. TB Blood Test (Interferon Gamma Release Assay-IGRA) (The TB blood test may be done instead of TST. Strongly recommended if there is a history of positive TST or BCG vaccination.)

- ☐ Date obtained: _____ month/ day/ year
- ☐ Result: negative ☐ positive ☐ intermediate ☐

6. Chest X-Ray (required if TST or IGRA is positive)

- ☐ Date of chest x-ray: _____ month/ day/ year
- ☐ Result: normal ☐ abnormal ☐ (including scars, and old granulomatous changes)

If chest x-ray is abnormal, please submit the following results.

Sputum Results (AFB and culture x 3 required if chest x-ray abnormal):

- #1 Date _____ AFB _____ Culture _____
- #2 Date _____ AFB _____ Culture _____
- #3 Date _____ AFB _____ Culture _____

7. Treatment for Latent TB (if applicable):

- ☐ Medication(s) _____
- ☐ Start date: _____ month/ day/ year
- ☐ Completion date: _____ month/ day/ year

Licensed Healthcare Provider's Name (please print in block letters): _____

Healthcare Provider's signature: _____ **Date:** _____ month/ day/ year

Healthcare Provider's stamp: