

UC Irvine Division of Continuing Education Custom Designed Program Enrollment Application

Please indicate your full name as it appears on your passport & provide your passport copy page with name and photograph.

1) Last Name: _____ First Name: _____
(Family Name) (Given Name)

2) Date of Birth: _____ / _____ / _____
(Month / Day / Year)

3) Gender (please check): Female Male

4) Country of Birth: _____ 5) Country of Citizenship: _____

6) All full-time programs require an F-1 student visa. An I-20 is required to obtain an F-1 student visa.

Do you need an I-20?

Yes, I need an I-20 for an F-1 visa

No, I do not need an I-20. I am (check one)

U.S. Citizen/Permanent Resident

Other non-immigration status (please specify): _____

7) Program Attending (please check): 4-Week other

8) Permanent Home Country Address:

Street Address

City

Country

Postal Code

Telephone

EMAIL (REQUIRED)

9) Student's Signature: _____ 10) Date _____

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.