

University of California, Irvine • Division of Continuing Education
Experience University Research (EUR) University/Graduate Application Form - August 4-24, 2019

Submit your complete application form by email, mail, or fax using the information below. Do not send credit card information by email to ensure we are protecting sensitive credit card information.

Email

ApplyEUR@ce.uci.edu

Regular Mail

UCI Division of Continuing Education
Attn: Student Services Office
P.O. Box 6050
Irvine, CA 92616-6050

Express Mail

UCI Division of Continuing Education
Attn: Student Services Office
Pereira Drive West of East Peltason Drive
Building 234
Irvine, CA 92697-5700

Fax

1-949-824-8065

1. PERSONAL INFORMATION

Please type or print your name exactly as it appears on your passport, and include a copy of your passport page with name and photograph.

Applicant must be a current undergraduate or graduate student (age 18+).

Last Name (*Family Name*) _____

First Name (*Given Name*) _____

Gender ☐ Male ☐ Female Date of Birth _____ / _____ / _____
MONTH Day Year

Country of Birth _____

Country of Citizenship _____

Where did you hear about us? _____

Street Address (must not be a P.O. Box) _____

City _____ State _____

Country _____ Postal Code _____

Country Code _____ Telephone Number _____

Email (*required*) _____

2. REPRESENTATIVE INFORMATION

Complete this section if the applicant is referred by a representative.

☐ Educational Agency _____

☐ Embassy _____

☐ University/Partner Institution _____

☐ Other (*e.g., parent, friend, etc.*) _____

Contact Name _____

Contact Email _____

IMPORTANT

Sign below to authorize UCI Division of Continuing Education to release your financial and academic records to the agent/representative listed above.

See <http://www.reg.uci.edu/privacy> for more information about student record privacy.

Applicant's Signature _____

3. APPLICATION FEES

Include the following non-refundable fee(s) to apply.

\$200 Application Fee (*required for all applicants*)

☐ \$200 Housing Deposit (*required for all applicants, applied to program fee*)

4. HOUSING

Name of Roommate Request (optional, not guaranteed) _____
(*your roommate must also be an EUR University/Graduate student*)

5. PROGRAM OPTION

The *optional EUR Intro Week* is offered **July 28 - August 3, 2019**. (check one)

I would like to attend the optional EUR Intro Week (\$1,000 additional fee).

I would not like to attend the optional EUR Intro Week.

6. ELECTIVE SELECTION

Please select your top three EUR elective choices by marking "1", "2", and "3" next to your selections. If you would like to take two electives, mark both choices with "1". **Note:** Due to the limited space and availability, choices are not guaranteed.

___ Expressive Design w/ IoT Devices & Robots (*materials fee required*)

___ JavaScript Programming (*prerequisite required*) ___ Esports

___ Project Management Applied to Data Analytics ___ Fashion Design

___ International Finance, Trade, and Supply Chain ___ Bio Business Enterprise

___ Environmental Analysis and Design ___ Intro to Game Design

7. VISA INFORMATION

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 (check one)

An F-1 visa

School transfer from another U.S. institution

(*please provide your local U.S. address below*)

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

☐ U.S. Citizen/Permanent Resident

☐ Other non-immigrant status (*please specify*): _____

Local U.S. Address (if applicable)

Street Address (not a P.O. Box) _____

City _____ State _____ Postal Code _____

8. FINANCIAL RESPONSIBILITY

I-20 applicants MUST include an official bank statement to certify that you have sufficient funds to cover tuition and living expenses during your program. All funds must be stated in U.S. dollars. The bank statement must not be older than 6 months and show a minimum balance of \$5,700.

If you are NOT the bank account holder for the bank statement provided, the bank account holder must complete and sign below.

I have read the information regarding the cost of tuition & living expenses for the period of study in the program. I certify that these funds are available, and I accept full responsibility for these expenses.

Name of Financially Responsible Party: _____

Relationship to Applicant: _____

Signature: _____

9. STUDENT SIGNATURE (required)

I certify that the information on this entire form is correct to the best of my knowledge. I acknowledge that UC Irvine (including Division of Continuing Education) is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.

(Applicant's Signature)

(Date)

9. PARENT/LEGAL GUARDIAN INFORMATION (students under the age of 18 only)

Name of Applicant (*Last, First, Middle*): _____

Name of Parent/ Legal Guardian (*Last, First, Middle*): _____

Address: _____
(*Street or P.O Box, City, State, Zip Code, Country*)

Telephone number: Day (_____) _____ Night (_____) _____

Email Address: _____

10. ADULT RELATIVE OR FAMILY FRIEND IN THE UNITED STATES (if applicable)

Does the Applicant have an adult relative or a family friend in the United States? ☐ Yes ☐ No

Does the relative or family friend speak English? ☐ Yes ☐ No

Name of Parent/ Legal Guardian (*Last, First, Middle*): _____

Address: _____
(*Street or P.O Box, City, State, Zip Code*)

Telephone number: Day (_____) _____ Night (_____) _____

Email Address: _____

11. STATEMENT OF AUTHORIZATION (students under the age of 18 only)

I, the undersigned parent or legal guardian of _____,
(*Name of Applicant*)

do hereby authorize The University of California, Irvine Division of Continuing Education and its agents or representatives to consent, on my behalf, to any medical, psychological, and/or hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization in the event services are not covered under the insurance policy.

(*Signature of Parent or Legal Guardian*)

(*Date*)

12. WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate in any way in a class or activity, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waiver, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint of back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them from any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law during the duration of my enrollment at UCI Division of Continuing Education.

(*Signature of Parent or Legal Guardian*)

(*Date*)

(*Signature of Applicant*)

(*Date*)

(*Name of Parent or Legal Guardian*)

(*Name of Applicant*)