

# 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.