

**UCSC** Silicon Valley  
@extension



UCSC EXTENSION  
**APPLICATION FORM  
FOR INTERNATIONAL  
CERTIFICATE STUDENTS**

UCSC EXTENSION SILICON VALLEY  
**[ucsc-extension.edu](http://ucsc-extension.edu)**

# INTERNATIONAL STUDENT APPLICATION –page 1 of 5

**UCSC Extension  
Silicon Valley**

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Santa Clara, CA 95054

Phone: (408) 861-3700

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E-mail:

extensioninternational@ucsc.edu

## FOR PROFESSIONAL CERTIFICATE STUDENTS

Please type or print clearly in black ink. Only completed applications will be processed.

U.S. Social Security No. (If applicable) \_\_\_\_\_

Male  Female

Student's Name \_\_\_\_\_  
Family Name First Middle

Current Mailing Address \_\_\_\_\_  
Street Apt. No.

City State Country Postal Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country of Birth \_\_\_\_\_  
Month Day Year

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

Address in Home Country \_\_\_\_\_  
Street

City State Country Postal Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Country Code, City Code, Number

E-Mail \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

No. of Years \_\_\_\_\_ Country \_\_\_\_\_

Person in U.S. (or home country) to contact in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City Postal Code

Country \_\_\_\_\_ Telephone or Fax \_\_\_\_\_

### Visa Information/Visa you now have (check one):

F-1 SEVIS ID N000 \_\_\_\_\_

Last U.S. School Attended \_\_\_\_\_

Last Day of Study \_\_\_\_\_  
Month/Day/Year

Is practical training completed? \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

B-1  B-2  None  Other (specify) \_\_\_\_\_

Date of Entry \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport Expiration \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

I-94 No. \_\_\_\_\_ I-94 Expiration \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Departure Number Month Day Year

Visa Expiration \_\_\_\_\_



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### **Important Information for Students Applying for the Certificate Programs:**

**Eligibility:** Application to most UCSC Extension programs is open to international students who have a bachelor's degree or higher and scored 550 or higher on the Test of English as a Foreign Language (TOEFL). You do not have to take TOEFL if you have successfully completed one full-time academic year of study (12 units per quarter for nine months with a "C" or better) at a U.S. college or if you have graduated from a U.S. college with an A.A. or higher degree. Successful applicants are issued a certificate of eligibility in support of an application for student visas at U.S. Embassies or Consulates.

**Academic Requirements:** TOEFL score—550 (paper based), 80 iBT, IELTS 6.5 or TOEIC—760 or equivalent. International students must enroll in 12 quarter units of classes every quarter and obtain a passing grade in every class.

**Optional Practical Training:** is available to students who have been lawfully enrolled on a full-time basis in an approved college, university, conservatory or seminary for at least nine consecutive months and who have completed their program. One year of OPT is allowed after each level of education (for example, a degree or certificate program). A \$250 OPT Application Fee will apply. Programs shorter than nine months do not qualify for practical training.

For more information, contact your Student Advisor at: [extensioninternational@ucsc.edu](mailto:extensioninternational@ucsc.edu)

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## HEALTH

### Permission for Emergency Care *(signature required)*

The following must be signed by the applicant. If the applicant is younger than 18 years old, it must also be signed by the applicant's parents or legal guardian.

In case of illness and/or injury, permission is granted to treat the student named above.

Signature \_\_\_\_\_  
Student Date

Signature \_\_\_\_\_  
(1) Parent (or legal guardian) Date

Signature \_\_\_\_\_  
(2) Parent Date

### Emergency Information *(signature required)*

PRINT APPLICANT'S NAME \_\_\_\_\_  
Family Name First Name

Signature of Applicant Required \_\_\_\_\_  
Date

Please give the name, address and telephone numbers of persons in the U.S. to contact in case of emergency.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### Statement of Student Responsibilities

**Declaration Statement:** I fully understand that as an international student, I am required to enroll in 12 units every quarter (students who fail to maintain full-time student status must apply for reinstatement); obtain at least a "C" grade in every class; I must notify a representative of UCSC Extension of any change of address or phone number, any plans to leave the country, or any plans to take an authorized vacation of over two months. I must pay registration and health insurance fees before the beginning of the quarter.

I certify that I have read and fully understand the above student responsibilities and accept the conditions stated above.

Signature of Applicant \_\_\_\_\_  
Required Date

**Payment of Fees**

Application fee ( <i>required</i> )	\$150
International Certificate Student Fee	\$2,000 (one-time)
FedEx ( <i>optional</i> )	\$75
Other fees ( <i>explain</i> ) _____	\$
<b>Authorized total</b>	\$

**Payment method**

- Wire Transfer (To use a wire transfer, contact us at extensioninternational@ucsc.edu)
- Check payable to "UC Regents"

Credit Card. Charge to:

- Visa     MasterCard     American Express     Discover

Name \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card billing contact information if different from student's contact information:

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

<p><b>For office use only</b></p> <p>Received by _____ Date _____</p> <p>Receipt Given:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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