

## Online University and Professional Studies (UPS) Application

Please fill out the following information. You may choose 1, 2, or 3 courses. Once you make your course selections, please submit the complete application along with the supporting documents to [ipadmission@ucsd.edu](mailto:ipadmission@ucsd.edu). We look forward welcoming you virtually!

### Personal Information:

FAMILY NAME (SURNAME)

FIRST NAME (GIVEN)

MALE/ FEMALE      DATE OF BIRTH (MONTH/DAY/YEAR)

CITY AND COUNTRY OF BIRTH

STUDENT ADDRESS OF RESIDENCY

CITY AND COUNTRY OF RESIDENCY

STUDENT EMAIL

UNIVERSITY/AGENCY CONTACT EMAIL

### Choose the Quarter you will participate in:

Specific dates will be determined by the course(es) you choose.

**Fall:** September - December     **Winter:** January - March     **Spring:** March - June

### Application Fee:

\$125 USD

### International Student Service:

\$260 USD per quarter

### Choose 1, 2, or 3 courses:

Costs is determined by the number of courses you choose to participate in. Please choose the number of courses you will participate in. For details about the cost per course, please go to our [website](#).

1 Course       2 Courses       3 Course

### Language and Admission Requirements:

You must submit one of the following test scores along with the additional admission requirements and the Course List Form found on the second page of this application.

CEFR	TOEFL IBT	IELTS	CAE	PTE	Duolingo	DAAD
level C1	90	7.5	Pass	73	125	See our website

### Additional Admission Requirements:

1. Copy of your passport name page.
2. Copy of transcripts in English for the four most recent semesters of academic studies.
3. One-page statement explaining why you choose UC San Diego for your study abroad experience.
4. Online UPS Course list form of UC San Diego or UC San Diego Extension courses per quarter, organized by quarter.

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When selecting your courses:

- You may NOT enroll in graduate-level Business courses at Rady School of Management.
- You must submit this form with your application or each quarter you are applying to.
- Lower-division courses are numbered 1–99. Upper-division courses are numbered 100-199. Graduate courses are numbered 200+. Courses are on a space-available basis.
- To take **1 class, please list 4 class options**. To take **2 classes, please list 8 class options**. To take **3 classes, please list 12 class options**. For main campus class options see [Schedule of Classes](#). For Extension classes see [Courses and Programs](#). The purpose of identifying many possible course options is to ensure a satisfying academic experience.
- There is no guarantee that you will get all of your courses.

Course List Form

Quarter		Year		Track	
	Department	Course Number and Title	Prerequisites Prerequisites are listed on <a href="http://tritonlink.ucsd.edu">tritonlink.ucsd.edu</a> . Check website for info. Write prerequisite here or write "none" if no prerequisite required.	Have you completed the prerequisites for this course?	
1					<input type="checkbox"/> Yes
2					<input type="checkbox"/> Yes
3					<input type="checkbox"/> Yes
4					<input type="checkbox"/> Yes
5					<input type="checkbox"/> Yes
6					<input type="checkbox"/> Yes
7					<input type="checkbox"/> Yes
8					<input type="checkbox"/> Yes
9					<input type="checkbox"/> Yes
10					<input type="checkbox"/> Yes
11					<input type="checkbox"/> Yes
12					<input type="checkbox"/> Yes

G) Date and Signature

For payment of tuition and other fees, a link to the IP Online Payment Portal and instructions on payment options will be emailed to you. Please sign below and send this application along with supporting documents to [ipadmission@ucsd.edu](mailto:ipadmission@ucsd.edu).

Printed name

Signature

Date

## Authorization for Release of Student Information (To be Completed by Student)

### Student Information

Student information is confidential and protected by the Federal Family Educational Rights and Privacy Act (FERPA). Written authorization is required to release any information that is not considered public information. Please complete the following information.

1. \_\_\_\_\_  
(Student Last Name) (Student First Name)

### Authorization

I authorize the following agent, university, or individual to act on my behalf in all matters related to applying to UC San Diego Extension International Programs. I understand that all information related to applying to UC San Diego Extension International Programs will be communicated to the agent/person listed below.

### Agency/University

2. \_\_\_\_\_  
(Agency/University) (Agent/Advisor's **Full Legal Name**)
- \_\_\_\_\_  
(Date of Birth) (Email)
- \_\_\_\_\_  
(**Complete** Address: Building/Office number, Street) (City/State/Region/Province)
- \_\_\_\_\_  
(Country and Postal Code) (Phone Number)

### Other (family member, friend, etc.)

3. \_\_\_\_\_  
(**Full Legal Name**) (Relationship to Student)
- \_\_\_\_\_  
(Date of Birth) (Email)
- \_\_\_\_\_  
(**Complete** Address: House/Apartment number, Street) (City/State/Region/Province)
- \_\_\_\_\_  
(Country and Postal Code) (Phone Number)

### Signature

By signing below, you agree to the information mentioned above. This approval will remain in your record until otherwise requested or new authorization is submitted. You can change this authorization or cancel it at any time by emailing [ipadmission@ucsd.edu](mailto:ipadmission@ucsd.edu).

\_\_\_\_\_  
(Student Signature) (Date)