UC San Diego
EXTENDED STUDIES
International Programs

LIVE ONLINE CONVERSATION AND LIVE ONLINE CONVERSATION AND FLUENCY APPLICATION

Thank you for your interest in applying to the live online Conversation or Conversation and Fluency programs. Please submit this complete application along with a **copy of your passport name page or national ID** to ipadmission@ucsd.edu.

Family name (surname)	First name (given)
Male / Female / Non-binary	Preferred name
Student address	City and country of residency
City and country of birth	Date of birth Student email

SELECT YOUR PROGRAM DATE(S). PLEASE CHECK ALL THAT APPLY:

The live online Conversation and Conversation and Fluency programs are for **high-beginner to advanced English proficiency level**s. Please select the program(s) and program date(s) you wish to participate in:

Conversation (10 hours) Monday – Friday 6-8 p.m. Pacific Time	**Conversation and Fluency** (15 hours) Monday – Friday 6-9 p.m. Pacific Time

2024 DATES	2024 DATES

	Spring: March 11 - April 4			**Spring:** March 11 - April 4
	Summer: July 1 - 26			**Summer:** July 1 - 26
	Summer: August 5 - 30			**Summer:** August 5 - 30
	Summer: September 3 - 27			**Summer:** September 3 - 27

Application fee: $50 USD **International Student Service fee:** $200 USD **Conversation:** $1,000 USD	**Application fee:** $50 USD **International Student Service fee:** $200 USD **Conversation and Fluency:** $1,500 USD

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 to ipadmission@ucsd.edu.

Student Signature	Date

DID YOU RECEIVE HELP TO APPLY TO THIS PROGRAM?

Agent or university name	Agent or university email

Thank you for choosing UC San Diego!

THIRD-PARTY RELEASE FORM

UC San Diego
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Authorization for Release of Student Information/Records (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

Application (leave blank if student is submitting application)

2. I allow anyone from the following agency/university to apply on my behalf:

   I allow the following person to apply on my behalf (e.g., mother, friend, spouse):

Information To Be Released (#3 & #4 must be filled out to give your information to someone else)

3. You can give out the following (select all that apply):

   ☐ Attendance Records   ☐ Medical/Insurance Records
   ☐ Financial/Invoice Records   ☐ Enrollment Verification Letters
   ☐ Transcript/Grade Reports   ☐ Course Schedule
   ☐ Program Certificate

4. You can give my information to:
   ☐ Bolashak Scholarship from Kazakhstan (Center for International Programs)
   ☐ IIE (Institute of International Education Scholarship)
   ☐ KAUST (from Saudi Arabia)
   ☐ Kuwait Cultural Office (from Kuwait)
   ☐ Saudi Arabia Cultural Mission – SACM (from Saudi Arabia)
   ☐ Other (write the name of person/organization):

Must be filled out if #3 & #4 are blank.

5. ☐ I **do not** authorize the release of any of my information.

Signature

By signing below, you agree to the information mentioned above. This approval will remain in your record even after you leave the university. You can change this authorization or cancel it at any time by emailing ipadmission@ucsd.edu.

_____
Student Signature   Date