

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.

<input type="text"/>	<input type="text"/>
FAMILY NAME (SURNAME)	FIRST NAME (GIVEN)
<input type="text"/>	<input type="text"/>
MALE / FEMALE	STUDENT EMAIL
<input type="text"/>	<input type="text"/>
STUDENT ADDRESS	CITY AND COUNTRY OF RESIDENCY
<input type="text"/>	<input type="text"/>
DATE OF BIRTH (MONTH/DAY/YEAR)	CITY AND COUNTRY OF BIRTH

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 levels**. 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

2022 DATES

2022 DATES

<input type="checkbox"/>	Spring: March 7 – April 1
<input type="checkbox"/>	Summer: July 5 – 29
<input type="checkbox"/>	Summer: August 1 – 67
<input type="checkbox"/>	Summer: August 29– September 23

<input type="checkbox"/>	Spring: March 7 – April 1
<input type="checkbox"/>	Summer: July 5– 29
<input type="checkbox"/>	Summer: August 1– 26
<input type="checkbox"/>	Summer: August 29 – September 23

Application fee: \$50 USD
Conversation: \$1,000 USD

Application fee: \$50 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.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE

DID YOU RECEIVE HELP TO APPLY TO THIS PROGRAM?

<input type="text"/>	<input type="text"/>
AGENT OR UNIVERSITY NAME	AGENT OR UNIVERSITY EMAIL

Thank you for choosing UC San Diego!

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 (ex: 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):

- | | |
|--|--|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Medical/Insurance Records |
| <input type="checkbox"/> Financial/Invoice Records | <input type="checkbox"/> Enrollment Verification Letters |
| <input type="checkbox"/> Transcript/Grade Reports | <input type="checkbox"/> Course Schedule |
| <input type="checkbox"/> 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)