UNIVERSITY OF CALIFORNIA, BERKELEY EXTENSION / BERKELEY GLOBAL
INTERNATIONAL APPLICATION FORM

PLEASE READ AND COMPLETE

All questions must be completed. Otherwise, please indicate why you cannot provide an answer.

Applicant Details

First name(s):

_____

Preferred first name:

_____

Last name(s):

_____

Full name (as in machine-readable line on passport):

_____

Mobile phone number (+ country code!):

_____

Email address (checked regularly):

_____

Gender:

☐ Male ☐ Diverse

☐ Female ☐ Decline to state

City + Country of Birth:

_____

Country/Countries of Citizenship:

_____

Passport Number (should be valid and the one used to travel to the US!):

_____

Passport Expiry Date:

_____

Country/Nation of Passport Issuance:

_____

Race/Ethnicity – select all that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian Cambodian
- ☐ Asian Chinese
- ☐ Asian Indian
- ☐ Asian Japanese
- ☐ Asian Korean
- ☐ Asian Laotian
- ☐ Asian Vietnamese

- ☐ Asian, Other
- ☐ Black or African American
- ☐ Central American
- ☐ Filipino
- ☐ Hispanic, Latino
- ☐ Hispanic, Other
- ☐ Mexican, Mexican American, Chicano

- ☐ Pacific Islander Guamanian
- ☐ Pacific Islander Hawaiian
- ☐ Pacific Islander Samoan
- ☐ Pacific Islander Other
- ☐ South American
- ☐ White

Visa Information

Do you currently hold a U.S. visa?

- ☐ No
- ☐ Yes: _____
  Valid from / until: _____

Primary Language:

_____

Additional Language(s):

_____

Contact Information *(where you live)*

Street Name + Number:

_____

Zip/Postal Code:

_____

City:

_____

State/Province:

_____

Country:

_____

Do you currently have a US address?

☐ No

☐ Yes:

_____
_____
_____
_____

Program Details

Fall Semester: Aug-Dec   Spring Semester: Jan-May

Desired start:

☐ Fall

☐ Spring   Year: _____

Desired length of studies:

☐ 1 semester

☐ 2 semesters

Desired program:

☐ Berkeley Global Access Program (BGA) *(full-time)*

☐ Berkeley Global Access (BGA) Remote Program *(part-time online program from outside U.S.)*

☐ Berkeley Haas Global Access Program (BHGAP) *(full-time)*

☐ Berkeley Legal Studies Global Access Program (LSGAP) *(full-time)*

☐ Berkeley Physics International Education Program (BPIE) *(full-time)*

☐ Other: _____

Will you have completed an undergraduate (Bachelor) degree when you begin this program?

☐ Yes

☐ No

Sponsorship:

Are you affiliated with an institution that is responsible for paying your program and tuition fees directly to UC Berkeley Extension / Berkeley Global?

☐ Yes: _____

☐ No

How did you hear about this program?

_____

Will you apply for one of the UC Berkeley Extension Scholarships?
- ☐ Yes*
  - ○ BHGAP
  - ○ LSGAP
  - ○ Other: _____
- ☐ No

You must submit any additional scholarship application documents with your program application.

<u>Finances</u>

The U.S. government requires F-1 International Students to demonstrate that sufficient financial resources will be available to them while studying in the U.S., including tuition, fees, and living expenses. Your financial statements and certification <u>must be in English and dated within 90 days of your application.</u>

How will you demonstrate funding? *(check all that apply)*
- ☐ Personal funds
- ☐ Family funds
  Name & relationship to you:

  _____

- ☐ Other / institutional sponsor:

  _____

- ☐ Scholarship:

  _____

Will you be accompanied by a spouse or children in F-2 status°?
- ☐ No
- ☐ Yes *(indicate below!)*

°An additional amount of money is needed on your financial statement (details can be found on the form). F-2 dependents must be a legally married spouse and/or children under the age of 21.

Provide the following details for each dependent (add more on the back if needed):
Dependent's First Name(s) (as it appears on their passport)

_____

Dependent's Middle Name (as it appears on their passport)

_____

Dependent's Last Name/Family Name(s) (as it appears on their passport)

_____

Relationship to Applicant

_____

Date of Birth

_____

Gender

_____

Country of Birth

_____

Country of Citizenship

_____

Agency Information:
I am applying through one of UC Berkeley Extensions / Berkeley Global's
representatives: IEC Online GmbH
                   Email: americas@ieconline.de
                   Phone: + 49 30 403610418

I hereby authorize UC Berkeley Extension/Berkeley Global to release information about
my application status to this agency:
   ☐   Yes (mandatory!)

Qualifications
English Language Requirements
I have taken the following English language test:
Test Name: _____
Test Score: _____
Test Date: _____

High School/Secondary School Educational Level:
☐   Received diploma of graduation from a foreign (non-US) Secondary School
☐   Received high school diploma from a US school

High School Details
Name of High School last attended:

_____

City:

_____

State/Province:

_____

Country:

_____

Attended from: (month/year):

_____

Attended to: (month/year)

_____

College / University Details
Name of College/University last (or currently) attended:

_____

City:

_____

State/Province:

_____

Country:

_____

Attended from: (month/year):

_____

Attended to: (month/year)

_____

Degree earned:
- ☐ Associate's Degree: _____
- ☐ Bachelor's Degree: _____
- ☐ Master's Degree: _____
- ☐ Other: _____
Graduation Date: _____

Did you attend other college(s)/university(ies)?
- ☐ Yes[2]
- ☐ No

[2] *Please add their details on a separate sheet!*

<u>Mailing Information for I-20/transcripts</u>

Permanent home address *(where you can receive mail even after your time at UC Berkeley)*
Street Name + Number:

_____

(Unit/Apt Number:)

_____

Zip/Postal Code:

_____

City:

_____

State/Province:

_____

Country:

_____

Health Insurance Requirement
Health insurance is mandatory for all F-1 international students and students coming from outside the U.S. who are participating in our full-time study abroad programs. You will automatically be enrolled in the UC Berkeley Extension Health Insurance Plan for the entire duration of your studies. See:
https://extension.berkeley.edu/international/life/safety

Do you wish to enroll in the UC Berkeley Extension health insurance plan?
☐   Yes, I would like to enroll in the UC Berkeley Extension health insurance plan.
☐   No, I will submit proof of other health insurance.

☐   I will study remotely (from outside the U.S.) and need neither visa nor insurance.

Application Fee

A 100 USD application fee is mandatory. The application cannot be reviewed if the application fee payment is missing.

When you complete and submit your application online, you will be asked to pay the application fee, e.g. by providing credit card details. This card does not have to be your own, but you must have permission to use it for the application fee payment.

Next steps
After you have submitted your application documents to IEC Online GmbH, the IEC Enrollment Team will check them and inform you if anything is missing and/or needs to be corrected/completed. If your application is complete, IEC will set up an online application for you within the UC Berkeley Extension/Berkeley Global application system. You will receive your corresponding student account login data via email and will be asked to complete and submit the application by paying the application fee within your student account.
Your application will then be reviewed by the Admissions Team of UC Berkeley Extension / Berkeley Global. This process can take up to 4-6 weeks. You may track the status of your application by logging back into the student account. You will be notified via email once an admission decision has been made.

LEGAL NOTICE

By signing below, <u>I certify and acknowledge</u> that the foregoing information and all information referenced in or attached to this application is, to be best of my knowledge, true and correct. If further information is needed, I will provide it upon request.

Applicant Signature: _____

AUTHORIZATION FOR IEC TO PROCESS THIS APPLICATION

<u>I hereby permit</u> International Education Centre (IEC Online GmbH) to submit information which I have provided on this application form of University of California (UC) Berkeley Extension / Berkeley Global and supporting documents via an electronic online application created and maintained by the university. I will complete and submit the application myself.

Applicant Signature:
Place:
Date: (MM/DD/YYYY)

Please submit your application with all required documents to IEC:
IEC Online GmbH
Bewerbungsbetreuung
Marienstrasse 19-20
10117 Berlin
Germany

Email: info@ieconline.de
Phone + 49 30 403610400