



Application for Study Abroad

1. Study Abroad Program Selection

Start Date (Quarter)	<input type="checkbox"/> Winter (Jan-March) <input type="checkbox"/> Spring (April-June) <input type="checkbox"/> Summer (June-Sept) <input type="checkbox"/> Fall (Sept-Dec)	Year: 20_____
Proposed duration	<input type="checkbox"/> 1 Quarter <input type="checkbox"/> 2 Quarter <input type="checkbox"/> 3 Quarter <input type="checkbox"/> 4 Quarter	

2. Personal Details and Contact Details

Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Given name	
Middle name(s)	
Family name	
Date of Birth	____/____/____ (dd/mm/yyyy)
City of Birth	
Country of Birth	
Country of Citizenship 1	
Country of Citizenship 2	
Please name the country that has issued the passport that you will use to travel to the U.S.	
E-mail address	
Home phone	(+_____)
Mobile phone	(+_____)

3. Address

Country	
Street name & number	
Postcode	
City	
State	

4. Enrollment Data

Please indicate your ethnicity	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Decline to State
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	<input type="checkbox"/> Hispanic/Latino/Chicano <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Two or More of the Above
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5. Marketing Preferences

May we contact you about courses that we think may interest you? Privacy & Policy Information is available here .	<input type="checkbox"/> Yes, by any method <input type="checkbox"/> Yes, but only by the following methods: <ul style="list-style-type: none"> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> No, please do not contact me
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6. Academic History

Highest Level of Education in home country	
Secondary/High School Name	
Are you taking a gap year?	<input type="checkbox"/> yes <input type="checkbox"/> no
College/University	
Program	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other: _____
Current Term/Year in School	
Major/Area of Study	
Minor (if applicable)	____/____/____ (dd/mm/yyyy)

7. Emergency Contacts

If I experience a personal or medical emergency while attending UCLA Extension, I agree to allow UCLA Extension International Programs to contact my emergency contact listed below?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>I certify that I have indicated above my final decision to allow or disallow UCLA Extension International Programs staff to contact my listed emergency contact, if I experience a personal or medical emergency while attending UCLA Extension. My certification authenticates the accuracy and completeness of the information provided.</i>
Emergency Contact 1 First Name	
Emergency Contact 1 Last Name	
Emergency Contact 1 Email Address	
Emergency Contact 1 Phone Number	
Emergency Contact 1 Relationship	
Does this Emergency Contact speak English?	<input type="checkbox"/> yes <input type="checkbox"/> no, he/she speaks _____
I approve of discussing a medical emergency with this person.	<input type="checkbox"/> yes <input type="checkbox"/> no
I approve of discussing a personal emergency with this person.	<input type="checkbox"/> yes <input type="checkbox"/> no

Emergency Contact 2 First Name	
Emergency Contact 2 Last Name	
Emergency Contact 2 Email Address	
Emergency Contact 2 Phone Number	
Emergency Contact 2 Relationship	
Does this Emergency Contact speak English?	<input type="checkbox"/> yes <input type="checkbox"/> no, he/she speaks _____
I approve of discussing a medical emergency with this person.	<input type="checkbox"/> yes <input type="checkbox"/> no
I approve of discussing a personal emergency with this person.	<input type="checkbox"/> yes <input type="checkbox"/> no

8. Questionnaire

How did you hear about UCLA Extension?	
Why are you choosing UCLA Extension for your international program?	
What are you most looking forward to accomplishing and/or experiencing while attending UCLA Extension?	

I am interested in learning about other UCLA Extension Programs for International Students that I can take after I complete my first program	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Permission for use of Name, Image and Statements

Do you authorize UCLA Extension to use your Name, Image and/or statements for media purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please read the University of California, Los Angeles: Permission for Use of Name, Image and Statements Form found here.</i> <i>If you authorize UCLA Extension to use your Name, Image and/or statements for media purposes, please upload the signed Permission for Use of Name, Image and Statements Form.</i>
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10. Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I agree to the terms of the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form.	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please read the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form found here.</i> <i>Failure to sign this waiver will disqualify you from participating in UCLA Extension International Programs activities, outside of participating in on-campus orientation activities and attending academic classes. If you do not sign the University of California, Los Angeles: Waiver of Liability, Assumption of Risk, and Indemnity Agreement, you will not be able to participate in UCLA Extension International Programs activities such as (but not limited to) group hikes, recreation center group activities, off-campus field trips, group dinners, etc.</i>
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11. Commitment to Participate

I have been accepted to participate in a UCLA Extension international program. I recognize that by signing this agreement, I acknowledge my commitment to participate in the UCLA Extension International Program, for which I have been accepted.

I accept my admission to the program and promise to abide by the following statement of responsibilities laid out in the attached [document](#):

I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my (the Participant's) behalf, (b) promising not to sue on my behalf, (c) and assuming all risks of my participation in this Activity, including travel to, from, and during the Activity. I agree to the terms in the Commitment to Participate: Statement of Responsibilities Agreement and want to proceed in participating in this Activity. I understand that I am responsible for the obligations and acts as described in this document. I agree to be bound by the terms of this document.

I have read this [document](#), and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Please check the box to indicate that you understand and agree to the terms of the Confirmation to Participate: Statement of Responsibilities. By clicking this box, this will serve as my signature confirming that I acknowledge and agree to these terms.	<input type="checkbox"/> <i>In signing this Commitment to Participate: Statement of Responsibilities I acknowledge that I have had an opportunity to ask questions, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily.</i>
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12. Acknowledgements and Policy Statements Phases

This application has several phases. To participate in a UCLA Extension International Study Abroad program, each step must be completed in its entirety by the mandated deadlines. If you need assistance at any stage during the application process, please contact internationalprograms@uclaextension.edu

The International Program Fee is \$3,850 for the first quarter of study and \$2,850 for each subsequent quarter you continue to study with UCLA Extension.

First Quarter

The first quarter International Program Fee is charged in two phases: The Program Deposit (\$500) and the Program Fee Balance (\$3,350).

Stage 1: \$500 non-refundable program deposit due upon acceptance into the program. The deposit must be received within 2 weeks of your admission date.

Stage 2: The balance of \$3,350 is due at least 30 days before the quarter start date. Failure to pay your fees before the stated deadline will result in the automatic cancellation of your admission to the program and Form I-20.

Subsequent Quarters

The International Program Fee is \$2,850 for each subsequent quarter of study at UCLA Extension. The fee is due at least 30 days before each quarter start date. Failure to pay your fees before the stated deadline will result in the automatic cancellation of your admission into the program.

Acknowledgements

Please check the boxes below to indicate that you understand and agree to the following statements. By clicking these boxes, this will serve as a signature confirming you acknowledge and agree to these terms.

- I have read the overview of the application process and understand that there are several phases to the application process, which I must complete by the established deadlines in order to participate in my selected UCLA Extension International Program.
- If I have questions or concerns about the application process, I will email internationalprograms@uclaextension.edu
- I certify that I have provided complete and accurate responses to all the items on this application. I certify that all official documents submitted in support of this application are authentic and unmodified records that pertain to me. My certification authenticates the accuracy and completeness of the information provided.

My name is _____

I certify that I have carefully read and understand the information above. I certify that I will take full responsibility for all of the above obligations and that failure to comply with any of these obligations, regulations or rules may result in a delay, denial, or withdrawal of admission or continued attendance/enrollment. I also understand that non-compliance will result in a violation of USCIS law which can lead to a loss of my F-1 student status.

Signature _____ **Date** _____ (dd/mm/yyyy)

**UNIVERSITY OF CALIFORNIA
LOS ANGELES**
Permission for Use of Name, Image and Statements

I hereby grant to The Regents of the University of California permission to reproduce my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements in any publication of The Regents of the University of California intended for research, educational, promotional, fund-raising or other related use, including but not limited to, film broadcast, printed publications, webpages and web-based publications, associated with UCLA.

By signing, I waive and release The Regents of the University of California and its officers, agents and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that The Regents of the University of California will rely on this permission and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from The Regents of the University of California related to this permission and release or the materials covered by this permission and release.

Acknowledgment of Understanding: I have read the permission to use my name, image, and statements, and fully understand the terms. **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, **and intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

I am an adult, 18 years or older, and I have read and understand this agreement and I freely and knowingly give my consent to The Regents of the University of California as described herein.

Participant Name (print)

Participant Signature

Date

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print)

Signature

Date

University of California, Los Angeles
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents, or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

Description of Activity or Program:

Assumption of Risks: Participation in the activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury or illness, including contraction of COVID-19, the disease caused by SARS-CoV-2 (including any variants). The specific risks associated with any activity will vary, and may include 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death, and 4) contraction of COVID-19 which can cause serious illness or death to the participant and others.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

Acknowledgement of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I understand that no precautions, restrictions, guidelines or practices will eliminate the risk of exposure to the virus that causes COVID-19. I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Participant Name (print)

Participant Signature

Date

I, the parent/legal guardian of the Participant hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print)

Signature

Date