



Enrollment Application: Berkeley Haas Global Access Program (BHGAP)

UC Berkeley Extension Student Profile

Personal Information

First Name: _____
(Please list all first and middle names in the first name field)

Last Name: _____

Gender: Male Female Not Specified

Birthplace and Nationality

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Email Address

Email Address: _____

(Another Email Address): _____

Phone Number

Type: Mobile Home Office

Area Code: _____ Phone Number: _____

(Another Phone Number):

Type: Mobile Home Office

Area Code: _____ Phone Number: _____

Address

Type: Home / Permanent Temporary Other: _____

Address: _____

City: _____

Country: _____

Zip/Postal: _____

(Another Address)

Type: Home / Permanent Temporary Other: _____

Address: _____

City: _____

Country: _____

Zip/Postal: _____

Educational Background

Please enter colleges and universities attended.

| School Name | Degree / Major | Date Received |
|-------------|----------------|---------------|
| | | |
| | | |
| | | |
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BHGAP Enrollment Application

STEP 1 - Program Details

Which terms are you applying for:

- Spring 2021
- Fall 2021
- Spring and Fall 2021

Will you have completed your undergraduate degree when you begin this program?

- Yes
- No

How did you learn about this program?

- Agent (College Contact GmbH)
- Internet Search
- My university
- Employer
- Education Fair or Event
- Social Media
- Friend
- Family
- Online Information Session
- Print Material
- Other: _____

STEP 2 – Supporting Documentation

Scholarship Opportunity

Scholarship Application Deadline for Fall 2021 term: June 1, 2020

The Berkeley Haas Global Access Program is excited to announce four (4) scholarships, up to \$5,000 each, to be applied toward the program cost. To be considered for the scholarship, you must apply for the scholarship as part of this application and submit this application prior to the scholarship deadline listed above. No exceptions.

Would you like to apply for a scholarship?

- Yes* No

*If yes, please confirm the following:

- I understand, in order to be considered for a scholarship, I must also submit a professional or academic letter of recommendation to bhgap@berkeley.edu before the scholarship application deadline.

Will you be an F-1 international student during this program?

In most cases, if you are not a U.S. citizen or permanent resident of the United States and live outside the U.S., you must obtain an F-1 Form I-20 and F-1 student visa in order to attend a full-time Berkeley Global program.

- Yes No

English Proficiency

How will you demonstrate your English proficiency?

- English Test Score (TOEFL, IELTS, etc.)
 I am a native speaker of English
 I qualify for a waiver of this requirement
 I would like to request an interview
 I have already passed an interview with Berkeley Global

STEP 3 - International Student Information

Select the option that best describes your current U.S. visa status:

- I am not currently in the U.S. and need an F-1 visa
 I am not in the U.S., but will attend a U.S. school as an F-1 student directly before this program.
 I am currently an F-1 student and will transfer my F-1 SEVIS record.
 I am currently in the U.S., but NOT as an F-1 student.
 I am a U.S. citizen or U.S. Permanent Resident.
 Other

Financial Statement and Certification for F-1 Students

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

How will you demonstrate funding for tuition, fees, and living expenses?

- Personal and/ or Family Funding
- Scholarship / Institutional Funding
- Both of the above
- Not applicable – I will not be an F-1 Student

Provide your Permanent Home (non-U.S.) Address:

Your physical permanent home address is required by the Department of Homeland Security for your F-1 Visa. This address should reflect where you actually live or will return to after your time at UC Berkeley.

Address: _____

City: _____

Country: _____

Zip/Postal: _____

- Please confirm that you have added this address as your “Home Address” in your Extension Student Profile.

Will you be accompanied by a spouse or children in F-2 status?
F-2 dependents must be legally married and/or children under the age of 21.

- Yes No

Do you want your acceptance materials mailed to the home address in your profile?

- Yes, mail my acceptance materials to the home address in my student profile.
- No, mail my acceptance materials to a different address:
College Contact GmbH, Hanauer Landstrasse 151-153, 60314 Frankfurt am Main, Germany

STEP 4 - Certification and Acknowledgement

Do you wish to enroll in the UC Berkeley Extension health insurance plan?*

Health insurance is required for the entire duration of your studies. The UC Berkeley Extension Health Insurance Plan is available to all international students and already included in your Program Fees. See <https://extension.berkeley.edu/international/life/safety/>.

- Yes, I would like to enroll in the UCB Extension health insurance plan.
- No, I will submit proof of other health insurance*.

* Health Insurance Waiver Process:

To waive the school health insurance requirement, you must be enrolled in a plan that meets ALL of the following requirements:

- You must enroll in a medical health insurance plan through a recognized company that is owned, headquartered and operated in the United States. (Foreign insurance plans with U.S. affiliates/representatives, travel insurance plans, and reimbursement programs of any kind do not qualify).

OR

- Your private insurance plan must provide:
 - A minimum of \$500,000 in benefits
 - 100% coverage of hospitalization fees
 - 100% coverage of professional fees
 - At least 15 days of inpatient mental health services
 - Coverage for pre-existing conditions
 - Coverage for infectious diseases and pandemics
 - Policy written in English with benefits expressed in U.S. dollars
 - Payment of at least \$50,000 for medical evacuation
 - Payment of at least \$25,000 for repatriation of remains
 - A network provider facility within 10 miles of the UC Berkeley campus
 - An annual deductible of no more than \$500

To request a health insurance waiver, you must provide proof of insurance that meets all of the above criteria along with [the health insurance waiver form \(PDF\)](#). Your waiver request must be received at least three weeks before classes begin or you will be enrolled in the UC Berkeley Health Insurance Plan.

I certify and acknowledge the following:

- The foregoing information and all information referenced in or attached to this application is, to the best of my knowledge, true and correct.
- I hereby permit College Contact to submit the information which I have provided on this form to UC Berkeley Extension via an electronic online application form created and maintained by UC Berkeley for agents.

Student Signature

Date