PROGRAM APPLICATION (ENGLISH)



UCR Extension International Education Programs, 1200 University Avenue Riverside, CA 92507 Phone: 951-827-4346 • Fax: 951-827-5796 • Web: www.iep.ucr.edu • Email: iepapplication@ucx.ucr.edu

PERSONAL: Please provide your personal information. Type or print your name exactly as it appears in your passport.

| Last/Family Name | | First/Given Name | | | Middle Name | 2 |
|--|--|---|---------------------------------------|-----------------|--------------------|-----------------------------|
| ☐ Male ☐ Female | Date of Birth (Month, Day, Year) | Country of Birth | | | Country of Ci | tizenship |
| Home Country Address | SS | City | | Province | Postal Code | |
| Country | | Telephone Number | (include area cod | de) | Email | |
| | o one of our programs before? \square Yes ress the same as your home country add | | | | | If NO, skip to #2. |
| Mailing Street Addres | S | City | | Province | Postal Code | |
| Country | | Telephone Number | (include area cod | de) | | |
| 4. How did you first he PROGRAM: Please te | st level of study completed? High S ear about us? ell us which program(s) you'd like to rograms you wish to take in the orde | 5. From whom did | | | | t program below and attach |
| Quarter (e.g. Winter) | | m Name (e.g. Intensive) | | th (e.g. 10 w | eeks) St | art Date (Month, Day, Year) |
| | by an agency/embassy/partner universit | | If NO, skip to ir | , , | | , , |
| Name of Agency, Emb | bassy, or Partner University | | Agency ID # | ŧ | | Country |
| Mailing Street Addres Optional: If you want | s to authorize us to release your persona | City I/financial records to you | | For mo | re information or | n student record privacy, |
| Student Signature | | Date | | | w.cnc.ucr.edu/sa | |
| your bank letter, inclu NOTE: You <u>must</u> at 1. Are you financially If YES, you MUST | uneed an I-20? Yes No If Nouding dependents you wish to bring). Itach copies of your passport info page sponsored by an agency, company or elattach a letter of sponsorship on the or g from another U.S. institution? | e, and the same for any combassy? Yes No ganization's letterhead. I | dependents who were f NO, skip to #2. | will accompa | ny you. | ine the required amount for |
| Name & Address of C | Current School | | | Teleph | one and/or Fax n | umber (include area code) |
| 3. This Statement of F sign it: "I have read | ch copies of all your I-20s from other sections is a signed by the different the signed by the different the cost of the same available and I accept full responsions. | person who is financially uition and living expense | responsible for yes for the period o | you. If you are | e financially resp | |
| Name of Person/Orga | anization Financially Responsible | Relationship to Stud | ent | Signature | | Date |
| PAYMENT: Pay your a | application fees with a cashier's che | eck/money order made | payable to "UC | Regents" o | r by Visa or Mas | terCard. |
| Credit Card Number | Cardholder's Name | Expira | ation Date 3 | 3-Digit Securi | ity Code Author | rizing Signature |
| | narge: \$\sum \$200 Enrollment Application or Cashier's Check enclosed | Fee \$200 Housing | Placement Fee | Other: | | |
| REQUIRED: "I certify of my knowledge." | the information on this entire form is c | orrect to the best | Signature | | | Date |