

# 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	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month, Day, Year)	Country of Birth	Country of Citizenship	
Home Country Address		City	Province	Postal Code
Country	Telephone Number (include area code)		Email	
<b>1. Have you applied to one of our programs before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide your Student ID: _____ If NO, skip to #2.				
<b>2. Is your mailing address the same as your home country address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, skip to #3. If NO, please provide:				
Mailing Street Address		City	Province	Postal Code
Country	Telephone Number (include area code)			

## PROGRAM: Please tell us which program(s) you'd like to attend. If you are applying to more than one program, put the first program below and attach a list of all other programs you wish to take in the order of enrollment.

Program Name	Start Date (Month, Day, Year)	Length (e.g. 10 weeks)	
<b>1. Students who enroll in 14 weeks + are eligible for a two week vacation in weeks 13 and 14. Do you want to take this break?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2. Students who enroll in 26 weeks + are eligible for a two week vacation in weeks 25 and 26. Do you want to take this break?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3. Students who enroll in 36 weeks + are eligible for a twelve week annual vacation. Do you want to take this break?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Are you sponsored by an agency/embassy/partner university?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, skip to immigration. If YES, please provide:			
Name of Agency, Embassy, or Partner University		Agency ID #	Country
Mailing Street Address	City	Province	Postal Code
Optional: If you want to authorize us to release your personal/financial records to your agent/representative, please sign here:			
Student Signature	Date	For more information on student record privacy, see <a href="http://www.cnc.ucr.edu/sais/privacy.html">www.cnc.ucr.edu/sais/privacy.html</a> .	

**IMMIGRATION: Do you need an I-20?**  Yes  No If YES, you MUST attach a bank letter (see Application Process to determine the required amount for your bank letter, including dependents you wish to bring).

NOTE: You must attach copies of your passport info page, and the same for any dependents who will accompany you.

- 1. Are you financially sponsored by an agency, company or embassy?**  Yes  No  
If YES, you MUST attach a letter of sponsorship on the organization's letterhead. If NO, skip to #2.
- 2. Are you transferring from another U.S. institution?**  Yes  No If NO, skip to #3. If YES, please provide:

Name & Address of Current School	Telephone and/or Fax number (include area code)
NOTE: You <u>must</u> attach copies of all your I-20s from other schools, the front & back of your I-94 card and your F-1 visa.	
<b>3. This Statement of Financial Support must be signed by the person who is financially responsible for you. If you are financially responsible for yourself, you must sign it: "I have read the information regarding the cost of tuition and living expenses for the period of study at the University of California, Riverside Extension. I certify these funds are available and I accept full responsibility for these expenses."</b>	

Name of Person/Organization Financially Responsible	Relationship to Student	Signature	Date
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## PAYMENT: Pay your application fees with a cashier's check/money order made payable to "UC Regents" or by Visa or MasterCard.

Credit Card Number	Cardholder's Name	Expiration Date	3-Digit Security Code	Authorizing Signature
I authorize UCR to charge: <input type="checkbox"/> \$200 Enrollment Application Fee <input type="checkbox"/> \$200 Housing Placement Fee <input type="checkbox"/> Other: _____				
OR <input type="checkbox"/> Money Order or Cashier's Check enclosed				
<input type="checkbox"/> I confirm my consent to the University of California Riverside Extension to record and transfer my personal data for the processing of my application, intent to enroll, and program and course registrations. I may remove my consent at any time, and the University of California Riverside Extension will stop processing my personal data.				

Student Signature	_____	
REQUIRED: "I certify the information on this entire form is correct to the best of my knowledge."	Signature	Date

**Please mail, fax, or email your application materials to:** International Education Programs, UC Riverside Extension, 1200 University Ave., Riverside, CA 92507-4596, U.S.A. / Phone: (1-951) 827-4346 / Fax (1-951) 827-5796 / Email: iepapplication@ucx.ucr.edu