PROGRAM APPLICATION (ITT AND UCP ONLY)



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

PLEASE NOTE: This application is for International Transfer Track (ITT) and University Credit Program (UCP) applicants only.

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	
☐ Male ☐ Female Date of Birth (Month, Day, Year)	Country of Birth			Country of Citizenshi	p
Home Country Address	City		Province	Postal Code	
Country	Telephone Number	(include area co	ode)	Email	
1. Have you applied to one of our programs before? $\hfill \Box$ Yes 2. Is your mailing address the same as your home country ad		•			If NO, skip to #2.
Mailing Street Address	City		Province	Postal Code	
Country	Telephone Number	(include area co	ode)		
3. What is your highest level of study completed? ☐ High So4. How did you first hear about us?		d you receive this	s brochure?		
PROGRAM: Please tell us which program you'd like to at	ttend. See page 4 for d	ates/lengths/fe	es.		
Quarter (e.g. Winter) Year (e.g. 2018) Identif	y your program: ITT or I	JCP? Len	gth: 10-week	or 12-week? Start Date	(Month, Day, Year)
1. Are you sponsored by an agency/embassy/partner universi	ty? ☐ Yes ☐ No	If NO, skip to im	migration.	If YES, please provide:	
Name of Agency, Embassy, or Partner University		Agency ID	#	Countr	у
Mailing Street Address	City		Province	Postal Code	
Optional: If you want to authorize us to release your personal	al/financial records to yo	ur agent/represe	ntative, pleas	e sign here:	
Student Signature	Date			ore information on studen ww.cnc.ucr.edu/sais/priva	·
IMMIGRATION: Do you need an I-20? ☐ Yes ☐ No If Y					
NOTE: You <u>must</u> attach copies of your passport info page		dependents who	will accompa	any you.	
 Are you financially sponsored by an agency, company or e If YES, you MUST attach a letter of sponsorship on the or 		If NO skip to #2			
2. Are you transferring from another U.S. institution? Yes	-			2:	
	, ,	, ,	'		
Name & Address of Current School				none and/or Fax number (include area code)
NOTE: You <u>must</u> attach copies of all your I-20s from other s		=	=		
This Statement of Financial Support must be signed by the sign it: "I have read the information regarding the cost of the cost of	•			, ,	
I certify these funds are available and I accept full respon			or study at th	e oniversity of Gamoniia,	KIVEISIUE EXTERISION.
Name of Person/Organization Financially Responsible	Relationship to Stud	dent	Signature		Date
PAYMENT: Pay your application fees with a cashier's ch	eck/money order mado	e payable to "U	C Regents" (or by Visa or MasterCard	i.
Credit Card Number Cardholder's Name	Expii	ration Date	3-Digit Secu	rity Code Authorizing Si	gnature
I authorize UCR to charge: \$\sigma\$\$ \$200 Enrollment Application OR \$\sigma\$ Money Order or Cashier's Check enclosed	Fee ☐ \$200 Housing	Placement Fee	Other: _		
REQUIRED: "I certify the information on this entire form is o	correct to the best				
of my knowledge."		Signature			Date