# University of California, Irvine • Division of Continuing Education Experience University Research (EUR) High School Application Form - July 14-27, 2019

Submit your complete application form by email, mail, or fax using the information below. Do not send credit card information by email to ensure we are protecting sensitive credit card information.

**Email** 

ApplyEUR@ce.uci.edu

Regular Mail

UCI Division of Continuing Education Attn: Student Services Office P.O. Box 6050

Irvine, CA 92616-6050

**Express Mail** 

UCI Division of Continuing Education

Attn: Student Services Office

Pereira Drive West of East Peltason Drive

Building 234

Irvine, CA 92697-5700

#### 4 ELECTIVE SELECTION

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Please select your top three EUR elective choices by marking "1", "2", and "3" next to your selections. If you would like to take two electives, mark both chooses with "1". <b>Note</b> : Due to the limited space and availability, choices are not guaranteed.			
Into to Environmental Analysis and Design Design Thinking, Innovation, and Entrepreneurship Designing and Integrating IoT Devices (materials fee required) Business Project Management Overview of Esports			
5. HOUSING			

Fax

1-949-824-8065

☐ I understand that EUR students must stay on in UCI campus housing	
(\$200 non-refundable housing deposit required, applied toward total pro-	gram fee

Name of Roommate Request (optional, not guaranteed)\_\_\_(your roommate must also be an EUR High School student)

## 6. STUDENT SIGNATURE (required)

I certify that the information on this entire form is correct to the best of my knowledge. I acknowledge that UC Irvine (including Division of Continuing Education) is a non-smoking campus, and that failure to comply with the non-smoking policy may subject me to administrative action.

(Applicant's Signature)	(Date)
Applicani s signalure)	(Dute)

## 1. PERSONAL INFORMATION

Please type or print your name exactly as it appears on your passport, and include a copy of your passport page with name and photograph.

Applicant must be a current high school student (age 15+).

Last Name (Family Name)				
First Name (Given Name)				
Gender □ Male □ Female	Date of Birth _		_/	
		MONTH		
Country of Birth				
Country of Citizenship				
Where did you hear about us?				
Street Address (must not be a P.O. Bo				
Country	Po	stal Code		
Country Code Telephone N	umber			
Email (required)				

#### 2. REPRESENTATIVE INFORMATION

Complete this section	the applicant is referred by a representative.
☐ Educational Agency	

☐ Education	al Agency	 	 
□ Embassy		 	 

- ☐ University/Partner Institution ☐
  ☐ Other (e.g., parent, friend, etc.)
- Contact Name
- Contact Email

## **IMPORTANT**

Sign below to authorize UCI Division of Continuing Education to release your financial and academic records to the agent/representative listed above. See http://www.reg.uci.edu/privacy for more information about student record privacy.

Applicant's Signature

### 3. VISA INFORMATION

#### What is your visa status?

- ☐ U.S. Citizen/Permanent Resident
- ☐ Other non-immigrant status (please specify): \_

7. PARENT/LEGAL GUARDIAN INFORM	ATION (stud	ents under the age of 18 only)	
Name of Applicant (Last, First, Middle):			
Name of Parent/ Legal Guardian (Last, First, Midd	dle):		
Address:			
		ox, City, State, Zip Code, Country)	
Telephone number: Day ()		Night ()	
Email Address:			
8. ADULT RELATIVE OR FAMILY FRIEN	ID IN THE II	NITED STATES (if applicable)	
Does the Applicant have an adult relative or a fam			
Does the relative or family friend speak English?			
Name of Parent/ Legal Guardian (Last, First, Midd	iie)		
Address:	Street or P.O B	ox, City, State, Zip Code)	
Telephone number: Day ()			
Email Address:			
9. STATEMENT OF AUTHORIZATION (st	tudents under	the age of 18 only)	
I, the undersigned parent or legal guardian of			,
		(Name of Applicant)	
do hereby authorize The University of California, my behalf, to any medical, psychological, and/or her upon the advice of any licensed physician. treatment rendered pursuant to this authorization i	hospital care of I agree to be	r treatment (including locations outside the U responsible for all necessary charges incurred	.S.) to be rendered to him or ed by any hospitalization or
(Signature of Parent or	r Legal Guardio	an) (Do	ate)
10. WAIVER OF LIABILITY, ASSUMPTIO	ON OF RISK,	AND INDEMNITY AGREEMENT	
Waiver: In consideration of being permitted to myself, my heirs, personal representatives or assi University of California, its officers, employees, a of the University of California, its officers, em and property loss arising from, but not limited to,	igns, do hereby and agents from aployees and a	release, waiver, discharge, and covenant no liability from any and all claims including the gents, resulting in personal injury, accidents of	ot to sue The Regents of the negligence of The Regents
<b>Assumption of Risks:</b> Participation in The Act care taken to avoid injuries. The specific risks scratches, bruises, and sprains 2) major injuries s 3) catastrophic injuries including paralysis and decomposition.	vary from one uch as eye inju	activity to another, but the risks range from	m 1) minor injuries such as
I have read the previous paragraphs and I The Activity. I hereby assert that my participa			
<b>Indemnification and Hold Harmless:</b> I also HARMLESS from any and all claims, actions, su as a result of my involvement in The Activity and	its, procedures,	costs, expenses, damages and liabilities, inclu	
<b>Severability:</b> The undersigned further express be as broad and inclusive as is permitted by the lathe balance shall, notwithstanding, continue in full the balance shall, notwithstanding, continue in full the balance shall is a series of the same and the balance shall in the balance shall is a series of the same and the same and the same are same as the same are same are same as the same are same are same as the same are same are same are same as the same are same ar	w of the State	of California and that if any portion thereof is	
Acknowledgement of Understanding: I have understand its terms, and understand that I am give agreement freely and voluntarily, and intend by extent allowed by law during the duration of my extended to the control of	ving up substan my signature t	ntial rights, including my right to sue. I acknown be a complete and unconditional release of	owledge that I am signing the
(Signature of Parent or Legal Guardian)	(Date)	(Signature of Applicant)	(Date)
(Name of Parent or Legal Guardian)		(Name of Applicant)	