

EXPERIENCE UNIVERSITY RESEARCH Spring & Summer 2021

UCI Division of
Continuing Education

APPLICATION

1 PERSONAL INFORMATION

Last Name (Family Name): _____

First Name (Given Name): _____

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Gender: ☐ Male ☐ Female ☐ Non-binary

Permanent Address

Street Address: _____

City: _____

State: _____ Postal Code: _____

Cell Phone: _____

Home Phone: _____

Email (required): _____

2 PROGRAM OPTION

Spring 2021 Course Choice – April 10-June 12, 2021 (list in order of preference):

1. _____ 2. _____

Summer 2021 Program Choice – July 26-Aug 12, 2021 (list in order of preference):

1. _____ 2. _____ 3. _____

Are multiple courses desired per session? ☐ Yes ☐ No

If yes, please list additional choice(s): _____

3 REPRESENTATIVE INFORMATION (if applicable)

Educational Agency: _____

Contact Name: _____ Contact Email: _____

Student Signature: _____ Date: _____

Email completed applications to ApplyEUR@ce.uci.edu.
Upon receipt of completed applications, invoices and payment instructions will be sent via email to the address provided. All fees must be paid prior to enrollment.
Complete program information available at:
ip.ce.uci.edu/eur.

CONTACT US

PHONE

+1-949-824-5414
Monday – Friday
08:30 - 16:30 PST

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