

EXPERIENCE UNIVERSITY RESEARCH SUMMER ONLINE COURSES 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

Session 1 Course Choice – Jun 22 - Jul 10, 2020 (list three in order of preference):

1. _____ 2. _____ 3. _____

Session 2 Course Choice – Jul 13 - 24, 2020 (list three in order of preference):

1. _____ 2. _____ 3. _____

Session 3 Course Choice – Aug 3 - 21, 2020 (list three in order of preference):

1. _____ 2. _____ 3. _____

Are multiple courses desired per session? Yes No

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

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/eurlocal.

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