

EXPERIENCE UNIVERSITY RESEARCH Summer 2022

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

Summer 2022 (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
510 East Peltason Drive
Irvine, CA 92697-5700