

EXPERIENCE UNIVERSITY RESEARCH 2020 ONLINE SUMMER COURSE APPLICATION

UCI Division of
Continuing Education

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 – June 22-July 10, 2020 (list three in order of preference):

1. _____ 2. _____ 3. _____

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

1. _____ 2. _____ 3. _____

Session 3 Course Choice – August 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/eur.

CONTACT US

PHONE

+1-949-824-5991
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