APPLICATION FORM

If you are a continuing UC Riverside student for Fall; or, are currently enrolled for the Spring and are graduating this summer, please go directly to GROWL to register for summer courses.

UCR Summer Sessions and Special Programs, 900 University Ave., Riverside, California 92521, PH: (951) 827-3044, FAX (951) 827-7370
www.summer.ucr.edu

APPLICATION PROCEDURES:

To enroll in UCR's Summer Sessions, fully complete and submit this application form. Upon enrollment approval, an e-mail notification will be sent to the e-mail address provided on this application, which will include your Student Identification number (SID) and PERMPIN number, which will allow you to access GROWL for registering in courses, and to pay your fees online (optional). Upon registration for any course, the student is responsible for all grades and fees associated with it.

Credit-card (MasterCard, Discover, and American Express) payments can only be made online through GROWL. Online credit-card payments are assesed a non-refundable processing fee. See Summer Sessions online schedule for deadlines. If you choose to pay by check, cash (in person only), or money order, payment must be mailed or submitted in person to: UCR Main Cashiers Office, 900 University Avenue, Student Services Building, Room 1111, Riverside, CA 92521.

Please TYPE or PRINT CLEARLY using blue or black ink. In order to receive your e-mail notification, your e-mail must be legible.

SECTION 1 - PERSONAL INFORMATION:

Last name	First name	Middle	Social Security # (optional)	Date of birth (mm/dd/yy)	Sex
				/ /	M F

E-mail address (UC students, please use your official UC address). Please print clearly: _____

Local mailing address (street)	(city)	(state)	(zip)	(phone #)
Permanent mailing address (street)	(city)	(state)	(zip)	(phone #)

SECTION 2 - STUDENT STATUS:

Do you have a Baccalaureat Degree (BA/BS) ? Y N If not, are you expecting your degree before summer? Y N

UCR Students:

Your UCR Student ID #: _____

I am: ☐ A Fall readmit ☐ A new Fall admit ☐ A dismissed student (complete section 3)
☐ In the Teaching Education Program ☐ Other

Other UC Students:

I am currently enrolled at: _____ In Fall, I will attend: _____

Home campus Student ID #: _____ My class level in Fall will be: Freshman / Sophomore / Junior / Senior

I have applied for summer financial aid at my home campus: Y N

I am eligible for the College Fee Waiver for disabled veterans' dependents (a copy of your current authorization letter is required): Y N

Visiting Students*:

I currently: ☐ am a UCR Career Staff member ☐ am attending a Community College ☐ other
☐ do not attend any college ☐ am attending another institution

In Fall, I will attend: _____ My class level in Fall will be: Freshman / Sophomore / Junior / Senior

* International Students not admitted to the UC system should use the International Student Application Form available at www.summer.ucr.edu and obtain permission to attend Summer Sessions from the International Education Program (IEP) at the UCR Extension Center, room 246.

SECTION 3 - UCR STUDENTS IN DISMISSED OR LAPSED STATUS:

UCR students in dismissed or lapsed status must obtain approval for their proposed summer schedule from an advisor of the college they intend on readmitting to. Please complete this section and submit it to the college you intend to readmit to. Once approved and signed, return this application to the Summer Sessions Office. You will be e-mailed when your SID and PERMPIN have been reactivated, enabling you to be able to register on GROWL.

Session	Call #	Department	Course #	Units	S/NC or LG

Advisor's signature _____ Date _____

☐ Approved ☐ Denied

SECTION 4 - STUDENT SIGNATURE:

I am aware that I am expected to read and have a working knowledge of UCR, and UCR Summer Sessions' published Policies and Regulations, including registration, course prerequisites, refund and withdrawal policies, add/drop procedures, and published deadlines. I also understand that acceptance of this application does not admit me to a regular quarter term of the University.

Signature _____ Date _____

May your name, address, phone number, and schedule be released to inquiring non-university parties? [ ] Yes [ ] No. Information will be released if left unchecked.

OFFICE USE ONLY OPID: _____

PERMPIN # _____

Date processed: _____

UCB (01) UCSF (02) UCD (03) UCLA (04) UCR (05)
UCSD (06) UCSC (07) UCSB (08) UCI (09) UCM (10)