

SPECIAL STUDIES APPLICATION FORM

To be used by UC Riverside students enrolling in variable unit courses.
Signature of Instructor in charge is required.

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

APPLICATION PROCEDURES:

When enrolling in variable unit courses such as directed group study, research, or internship courses (190-290 series), you are required to obtain approval from the instructor in charge (NOTE: BCOE and CNAS students must also obtain approval from an academic advisor). The signature(s) are required so that the Summer Sessions office can verify that the student has discussed the project with, and obtained approval from, a participating faculty member. Submit this form to the Summer Sessions office in person, by mail or by fax after receiving all appropriate signatures. Your enrollment will be completed by the Summer Sessions office.

Summer is pay-as-you-go; therefore, fees are due in full on the day that you are enrolled. Payment can be made in person at the UCR Main Cashiers Office, 900 University Avenue, Student Services Building, Room 1111, Riverside, CA 92521 or online via R'Web. Credit-card (Visa, MasterCard, Discover, and American Express) payments can only be made online through R'Web. Please be advised that there is a non-refundable service fee for all credit cards. Upon registration for any course, the student is responsible for all grades and fees associated with it.

SECTION 1 - PERSONAL INFORMATION (Please TYPE or PRINT CLEARLY using blue or black ink):

Name (last) (first) (middle)												Student ID #							
												() -							
												Phone #							

SECTION 2 - STUDENT STATUS:

Are you a regularly enrolled UCR student?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Are you a BCOE or CNAS student? (If yes, additional signatures required)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Are you receiving Financial Aid in the summer?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		<input type="checkbox"/>	Y	<input type="checkbox"/>	N

SECTION 3 - COURSE INFORMATION: * indicates required field

Call Number	Department*	Course Number* (e.g. 1981)	Instructor Section	Number of Units to be taken*
Instructor's Name*	Instructor's Signature*	Advisor's Name (* for BCOE, CNAS)	Advisor's Signature (* for BCOE, CNAS)	

Special Studies are considered term courses and referendum fees are charged according to the 10 week term.

Signature _____ Date signed _____

Processed by _____ Date Received _____

_____ Date Processed _____

OFFICE USE ONLY