Student Information

This application is to be completed by students interested in taking a course in the first, second and/or seventh 2009 Summer Sessions. The following information will help determine your eligibility for this program. Please print clearly, complete all of the information, and submit this application with all applicable attachments, as requested.

_____ I am a returning Summer Academy student. _____ This is my first application to the Summer Academy.

Last Name, First Name, Middle Initial  Gender  Date of Birth

Address, City, State, Zip Code

Day Phone Number  Evening Phone Number  E-Mail Address

Sophomore  Junior  Senior

High School Name  In Fall 2009, I will be a (circle one above) in High School.

What is your cumulative grade point average?

Course Information

The “Recommended Courses” are posted on the Summer Academy website at SummerAcademy.ucr.edu and courses for Summer Academy participants are noted in the catalog. Please refer to them before completing the section below. Visit the website to check out the course description and schedule of each course. To avoid enrollment and transcript problems, please pay close attention to course prerequisite requirements and in which of the three sessions your class choices are offered.

IMPORTANT NOTE: please remember to choose a discussion and/or lab section, if applicable.

<table>
<thead>
<tr>
<th>Enter Session # I, II or VII</th>
<th>Course Call Number</th>
<th>Discussion/Lab Call Number (if applicable)</th>
<th>Department</th>
<th>Course Number</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>10000</td>
<td>10001</td>
<td>PSYC</td>
<td>001</td>
<td>4</td>
</tr>
</tbody>
</table>

*The option to take more than one course during either session is limited to program Fellows (returning students) and will be considered on a case-by-case basis by the Summer Academy office.

Visit our website at SummerAcademy.ucr.edu
**Endorsement**

Please ask a Teacher or Counselor to provide a brief assessment of your aptitude to succeed in a university level course.

Counselor/Teacher’s Name & Telephone Number (Print)                        Counselor/Teacher Signature

**Submit an OFFICIAL TRANSCRIPT (sealed) with this application.**

**Financial Assistance**

If you are requesting consideration for financial assistance, please have your parent/guardian complete the following portion of this application. **You must attach a signed copy of the latest 1040, 1040A, or 1040EZ tax form for your parents or legal guardian (Joint or Individual) with this application.** Request for financial assistance will be considered ONLY if all documentation requested is submitted with this application and the total household income is **$60,000 or less**. Financial assistance may be awarded on a full or partial basis toward the course fee only depending on eligibility scale; however, it will not cover the registration fee, course materials fees, textbooks, parking, or other incidental fees. The financial assistance fund is limited to a first come, first served basis.

Name of Parent/Guardian (Please Print)  __________________________________________________________

Total Adjusted Household Income (from all sources) $_________________________________________

Number of persons in household listed as a dependent on your tax return ______

Parent(s) Signature: _____________________________

**Signatures**

The Summer Academy is not a guaranteed admission program. The decision to be accepted into the program depends on what course(s) I will be taking, my GPA, and other eligibility variables. I understand that acceptance into the UC Riverside Summer Academy does not constitute admission to a regular quarter (fall, winter, or spring) of the University of California. I agree to abide by all University regulations during my attendance in the Summer Academy and that it is my responsibility to learn about these regulations. Furthermore, I grant UC Riverside permission to release information of a general nature regarding my enrollment in the Summer Academy to my high school and for statistics-gathering purposes.

(Check One)  __________  __________  (Information will be released if left unchecked.)

YES  NO

Student Signature  _____________________________  Parent Signature  _____________________________

**Student Survey**

(Thank you for your answer to the following question. Your answer will help us better serve your academic needs)

Are you considering applying to a University of California institution for your college education? (Check One)  _____  _____

Yes  No

Visit our website at SummerAcademy.ucr.edu