Student Information

This application is to be completed by students interested in taking a course in the first, second and/or sixth 2010 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 an official transcript and any additional attachments 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 2010, I will be a (circle one above) in high school.

What is your 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 http://classes.ucr.edu to read 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 # 1, 2, or 6</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>1</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 the 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 $100,000 or less. Financial assistance may be awarded on a full or partial basis toward the course fee only depending on the financial aid assessment scale; however, it will not cover course materials fees, textbooks, parking, or other incidental fees. The financial assistance fund is limited to a first come, first served basis.

** The Summer Sessions Office reserves the right to request additional documentation to verify eligibility as determined by the financial assessment.

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 or give my application preference over other applications. 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 the website at SummerAcademy.ucr.edu