

# Graduate Preparation Program (GPP) Application

**PERSONAL: Please provide your personal information. Type or print your name exactly as it appears in your passport.**

Last/Family Name	First/Given Name	Middle Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month, Day, Year)	Country of Birth
Home Country Address	City	Province
		Postal Code
Country	Telephone Number (include area code)	Email

1. Have you applied to one of our programs before? ☐ Yes ☐ No If YES, provide your Student ID: \_\_\_\_\_ If NO, skip to #2.  
2. Is your mailing address the same as your home country address? ☐ Yes ☐ No If YES, skip to #3. If NO, please provide:

Mailing Street Address	City	Province	Postal Code
Country	Telephone Number (include area code)		

3. What is your highest level of study completed? ☐ High School ☐ University

**PROGRAM: Please tell us which program you'd like to attend.**

<b>SELECT YOUR PROGRAM:</b>	<input type="checkbox"/> GPP-ENGINEERING	<input type="checkbox"/> GPP-BOTANY	<input type="checkbox"/> GPP-CHEMISTRY	<input type="checkbox"/> GPP-MATH	<input type="checkbox"/> GPP-STATISTICS
<b>Select Your Start Date:</b>	<input type="checkbox"/> August 2018 <input type="checkbox"/> August 2019	<input type="checkbox"/> August 2018 <input type="checkbox"/> August 2019	<input type="checkbox"/> August 2018 <input type="checkbox"/> August 2019	<input type="checkbox"/> August 2018 <input type="checkbox"/> August 2019	<input type="checkbox"/> August 2018 <input type="checkbox"/> August 2019
<b>Select Your Concentration:</b>	<input type="checkbox"/> Bioengineering <input type="checkbox"/> Chemical <input type="checkbox"/> Computer <input type="checkbox"/> Electrical	<input type="checkbox"/> Environmental <input type="checkbox"/> Material Sciences <input type="checkbox"/> Mechanical			

**PARTNER AGENCY: Are you sponsored by and agency/embassy/partner university?** ☐ Yes ☐ No If NO, skip to immigration. If YES, please provide:

Name of Agency, Embassy, or Partner University	Agency ID #	Country
Mailing Street Address	City	Province
		Postal Code
Optional: If you want to authorize us to release your personal/financial records to your agent/representative, please sign here:		
Student Signature	Date	For more information on student record privacy, see <a href="http://www.cnc.ucr.edu/sais/privacy.html">http://www.cnc.ucr.edu/sais/privacy.html</a> .

**IMMIGRATION: Do you need an I-20?** ☐ Yes ☐ No If YES, you MUST attach a bank letter (see Application Process to determine the required amount for your bank letter, including dependents you wish to bring).

NOTE: You must attach copies of your passport info page, and the same for any dependents who will accompany you.

1. Are you financially sponsored by an agency, company or embassy? ☐ Yes ☐ No  
If YES, you MUST attach a letter of sponsorship on the organization's letterhead. If NO, skip to #2.  
2. Are you transferring from another U.S. institution? ☐ Yes ☐ No If NO, skip to #3. If YES, please provide:

Name & Address of Current School	Telephone and/or Fax number (include area code)
NOTE: You <u>must</u> attach copies of all your I-20s from other schools, the front & back of your I-94 card and your F-1 visa.	

3. This Statement of Financial Support must be signed by the person who is financially responsible for you. If you are financially responsible for yourself, you must sign it: "I have read the information regarding the cost of tuition and living expenses for the period of study at the University of California, Riverside Extension. I certify these funds are available and I accept full responsibility for these expenses."

Name of Person/Organization Financially Responsible	Relationship to Student	Signature	Date
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**PAYMENT: Pay your application fees with a cashier's check/money order made payable to "UC Regents" or by Visa or MasterCard.**

Credit Card Number	Cardholder's Name	Expiration Date	3-Digit Security Code	Authorizing Signature
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I authorize UCR to charge: ☐ \$200 Enrollment Application Fee ☐ \$200 Housing Placement Fee ☐ Other: \_\_\_\_\_  
OR ☐ Money Order or Cashier's Check enclosed

REQUIRED: "I certify the information on this entire form is correct to the best of my knowledge."

Signature	Date
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**Please mail, fax, or email your application materials to:** International Education Programs, UC Riverside Extension, 1200 University Ave., Riverside, CA 92507-4596, U.S.A. / Phone: (1-951) 827-4346 / Fax (1-951) 827-5796 / Email: [ieppapplication@ucx.ucr.edu](mailto:ieppapplication@ucx.ucr.edu)