

# EXPERIENCE UNIVERSITY RESEARCH 2020 ONLINE SUMMER COURSE APPLICATION

**UCI** Division of  
Continuing Education

## 1 PERSONAL INFORMATION

Last Name (Family Name): \_\_\_\_\_

First Name (Given Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Gender: ☐ Male ☐ Female ☐ Non-binary

### Permanent Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

## 2 PROGRAM OPTION

**Session 1** Course Choice – June 22-July 10, 2020 (list three in order of preference):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Session 2** Course Choice – July 13-24, 2020 (list three in order of preference):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Session 3** Course Choice – August 3-21, 2020 (list three in order of preference):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are multiple courses desired per session? ☐ Yes ☐ No

If yes, please list additional choice(s): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed applications to [ApplyEUR@ce.uci.edu](mailto:ApplyEUR@ce.uci.edu).**

Upon receipt of completed applications, invoices and payment instructions will be sent via email to the address provided.

All fees must be paid prior to enrollment.

Complete program information available at:  
[ip.ce.uci.edu/eur](http://ip.ce.uci.edu/eur).

### CONTACT US

#### PHONE

+1-949-824-5991  
Monday – Friday  
08:30 - 16:30 PST

#### EMAIL

[ApplyEUR@ce.uci.edu](mailto:ApplyEUR@ce.uci.edu)

#### REGULAR MAIL

UCI Division of Continuing Education  
Attn: Student Services Office  
P.O. Box 6050  
Irvine, CA 92616-6050

#### EXPRESS MAIL

UCI Division of Continuing Education  
Attn: Student Services Office  
Pereira Drive West of East Peltason Drive  
Building 234  
Irvine, CA 92697-5700