

University of California, Davis Extension International English and Professional Programs

Application for Enrollment

Please type or print clearly with ink. Do not staple these documents.

Please indicate the program you would like to attend:

- Intensive English Program (10 weeks)
- Communication and Culture Program (4 weeks)
- Bridge Program (11 weeks)
- English for Legal Professionals (offered summers only)
- English for Science and Technology (4 weeks)
- Professional Certificate Program (please see brochure)

Please indicate which quarter(s) and year you would like to attend:

- Fall Winter Spring Summer

Year _____ Start date _____

1. Personal information

Print your name as it appears on your passport.

Family name (last name) _____

Given names (first and middle names) _____

Male Female Date of birth: ____ / ____ / ____
month day year

Country of birth _____

Country of citizenship _____

Your permanent address in your home country (mandatory):

Street address _____

City and postal code _____

Province/state _____

Country _____

Telephone number _____ Mobile phone number _____

Fax number _____ Email address _____

Name of your employer/company (if applicable):

IMPORTANT: In order for you to receive your acceptance material, a street address and phone number are required. It cannot be delivered to a P.O. Box.

Street address to which acceptance material and I-20 should be sent (if different from permanent address):

Street address _____

City and postal code _____

Province/state _____

Country _____

Telephone number _____

Mobile phone number _____

Fax number _____

Email address _____

2. Where did you hear about our program?

- Friend Relative Employer
 Internet Other, please specify: _____
 International representative/Agency, please provide contact information/name: _____

3. Dependents traveling with you to the U.S. (If more than two, please use a separate sheet of paper.)

A.

Family name (last name) _____

Given names (first and middle names) _____

Male Female Date of birth: ____ / ____ / ____
month day year

Country of birth _____

Country of citizenship _____

Relationship to applicant _____

SEVIS ID number (if applicable) _____

B.

Family name (last name) _____

Given names (first and middle names) _____

Male Female Date of birth: ____ / ____ / ____
month day year

Country of birth _____

Country of citizenship _____

Relationship to applicant _____

SEVIS ID number (if applicable) _____

