



# Application for Admission

University of Riverside  
 11840 Pierce Street, Ste 200  
 Riverside CA 92505  
 951-637-0100 T  
 951-637-0400 F  
[www.uofriverside.com](http://www.uofriverside.com)

Return this application with a non-refundable application fee of \$100.00 payable to University of Riverside.

Mr. Ms. Mrs. (circle one) Date of Birth: \_\_\_\_\_ ID# \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle (Maiden)

Current Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

Current Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex (check one box)  Male  Female

Are you a citizen of the United States of America? (check one box)  Yes  No If no, of what country? \_\_\_\_\_

If you are not a U.S. citizen, please indicate your immigration status:  International Student  Visiting Scholar  
 Permanent Resident  Resident Alien  
 Other

How did you hear about the program?  Ad  TV  Radio  Fair  Friend  Mailer  
 Internet  Search Engine  Other \_\_\_\_\_

Program for which you are applying:  English as a Second Language (ESL)  
 Bachelor of Business Administration  
 Master of Business Administration  
 Doctor of Business Administration

Month for which you are applying: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**POST SECONDARY EDUCATIONAL BACKGROUND (REGARDLESS OF DEGREE COMPLETION)**

Institution	City and State	Attended (From - To)	Major	Degree/Diploma Type/Mo./Yr.	GPA	Units Finished

Military Service:  Yes  No Branch: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ (if applicable)

(Continued on next page)

**ETHNIC ORIGIN (OPTIONAL)**

- American-Indian     Caucasian     African American     Hispanic     Asian or Pacific Islander
- Other (please specify) \_\_\_\_\_
- I am bilingual. Language(s) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      Birthplace \_\_\_\_\_  
City State Zip

Status (circle one)    Single    Widowed    Divorced    Married    If married, Name of Spouse \_\_\_\_\_

**EMPLOYER INFORMATION**

Name \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Position or Job Title \_\_\_\_\_ Date of Employment \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

**FINANCIAL AID INFORMATION**

Do you plan on applying for financial aid?     Yes       No

If yes, please provide a Social Security Number SS# \_\_\_\_\_

I will receive aid from an     Employer     Other \_\_\_\_\_

**STATEMENT OF PURPOSE**

Please attach a written statement of purpose (250 words) indicating why you desire to attend the University of Riverside.

If admitted, I hereby grant permission for use of my name and /or photograph in publicity, publications, and/or advertising for University of Riverside.     Yes       No

I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge. If admitted to the University of Riverside, I commit to abide by all the rules and regulations of the institution, and to apply myself to study and to fulfill the course requirements to the best of my ability. I understand that all admissions materials or information submitted becomes the property of the university and are not returnable.

University of Riverside does not discriminate in its admissions decisions on the basis of race, color, national origin, marital status, physical handicap, medical condition or gender.

Applicant's Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_



# Letter of Reference

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This form may be duplicated or a separate letter of reference may be used. Reference letters must not be dated over 6 months.

Name of Candidate \_\_\_\_\_  
*Last* *First* *Middle* Date \_\_\_\_\_

I, \_\_\_\_\_, waive my right of access to see this letter of reference.

I, \_\_\_\_\_, do not waive my right of access to see this letter of reference.

The above-named candidate has applied for admission to the  Management  Extended Education Program at the University of Riverside. Please complete this form to the best of your ability and mail it to the address below.

How long have you known the candidate? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Compared to individuals you have known at a similar level of development, please rate the candidate on the following items by checking the appropriate box.

	Excellent	Good	Fair	Weak	N/A
Academic Ability					
Communication Skills					
Cooperation					
Creativity					
Dependability					
Leadership					
Motivation					
Potential for Success in Education					

Comments (use back of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Institution/Employer \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail this form to the University of Riverside, 11840 Pierce St., Suite 200, Riverside, CA 92505**



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Institution/Employer \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail this form to the University of Riverside, 11840 Pierce St., Suite 200, Riverside, CA 92505**







# Request for Official Transcript

University of Riverside  
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Student copies are unacceptable  
**To: Registrar of School/College/University**

Please send \_\_\_\_\_ copy of official transcript(s) of:

Student Name: \_\_\_\_\_  
Last First Middle (Maiden)

Address: \_\_\_\_\_  
Street City State Zip

Name(s) registered under: \_\_\_\_\_

Social Security # or Pin #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I was a student from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

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

**Registrar: Please attach this form to transcript and mail to:**  
**University of Riverside • 11840 Pierce St., Suite 200 • Riverside, CA 92505**



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