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: ________________________________

Current Address: ________________________________

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) - 1
 ☐ English as a Second Language (ESL) - 2
 ☐ English as a Second Language (ESL) - 3
 ☐ English as a Second Language (ESL) - 4

Month for which you are applying: _____________ / _____________

POST SECONDARY EDUCATIONAL BACKGROUND (REGARDLESS OF DEGREE COMPLETION)

<table>
<thead>
<tr>
<th>Institution</th>
<th>City and State</th>
<th>Attended (From – To)</th>
<th>Major</th>
<th>Degree/Diploma Type/Mo./Yr.</th>
<th>GPA</th>
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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__________________________________________

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____________________
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 ___________________________________________ 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 □ English as a Second Language (ESL) 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.

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<th>Item</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Weak</th>
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Comments (use back of page if necessary):

____________________________________________________________________

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____________________________________________________________________

Name ___________________________________________ Phone ________________________

Address ___________________________________________ Institution/Employer ______

_________________________________________ Position ____________________________

____________________________________________________________________

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

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The above-named candidate has applied for admission to the □ English as a Second Language (ESL) program at the University of Riverside. Please complete this form to the best of your ability and mail it to the address below.

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Name _______________________________ Phone _______________________________

Address ___________________________ Institution/Employer ___________________

________________________________ Position _______________________________

________________________________ Signature _______________________________

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

Mr. Ms. Mrs. (circle one)  
Student ID#______________

Last Name/Family Name:______________________________First Name:_____________________________________

Degree Applying For:____________________________Degree Emphasis:_____________________________________

Matriculating students are required to submit a Statement of Goals as part of the application. These goals will be analyzed quarterly as a constant scrutiny of UOR’s institutional program objectives and will provide a way for the student to gauge educational success at the completion of the program.

Minimum 250 words

Please attach additional paper if necessary. You may also submit in typed format.
Please provide a statement explaining how you plan to pay for your tuition during the next school year. Whether it be: you have a sponsor, you are using your savings or that your tuition will be provided by another resource, please provide an in-depth summary of how you plan to fund your education. You should account for your living expenses for the school year in addition to your tuition. (The Financial Resource letter should provide enough information and documentation to provide proof for tuition + living expenses for one school year.) Please use the space provided below or attach a separate piece of paper.

In addition to the Financial Resource letter include the following:

☐ Bank Statement(s) of those responsible for tuition
☐ Letter(s) of Support from those responsible for tuition

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*For International Students only*
Request for Official Transcript

To: Registrar of School/College/University

Please send _________ copy of official transcript(s) of:

Student Name: ___________________________________________ (Last) ___________ (First) ___________ (Middle) ___________ (Maiden)

Address: __________________________________________________

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