



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

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) - 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: _____ / _____
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

University of Riverside
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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 _____ Date _____
Last First Middle

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.

	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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Signature

Date

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Request for Official Transcript

University of Riverside
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951-637-0400 F
www.uofriverside.com

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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