

University of California Riverside, Extension Enrollment Application for CAP Program / CS-L Program

1- PERSONAL INFORMATION

Please **TYPE** or neatly and clearly **PRINT** your name **EXACTLY** as it appears on your passport.

Family/Last Name: _____

Given/First Name: _____

Middle Name: _____

Male Female

Country of Birth: _____

Date of Birth: _____

Country of Citizenship: _____

University: _____

Year: 1st 2nd 3rd 4th

Major: _____

TRANSCRIPT: Enclose an official copy of your most recent transcript.

TOEFL SCORE: Enclose an official copy of your score record dated within two (2) years of the date of this application.

Permanent Address

Street Address: _____

City: _____ Postal Code: _____

Country: _____

Home Phone: _____

Cell Phone: _____

Email: *Cell phone email is not acceptable.

CHECK this box if your permanent address is the same as your mailing address.

Mailing Address for I-20 and Housing Correspondence for JPO

Sumitomo Ikebukuro-ekimae Bldg 9F _____

1-10-1, Higashi-Ikebukuro Toshima-ku

City: _____ Tokyo Postal Code: 171-0013

Country: Japan

Home Phone: _____ +81-03-3988-2304

Cell Phone: _____

Emergency Contact Information

1) Name: _____

Relationship: _____

Phone: _____

2) Name: _____

Relationship: _____

Phone: _____

2- SELECTION OF PROGRAM

Check the appropriate boxes to indicate your preference for attendance dates.

<u>Year</u>	<u>Quarter</u>	<u>Duration</u>
<input type="checkbox"/> 2020	<input type="checkbox"/> Spring	<input type="checkbox"/> 9 Months
	<input type="checkbox"/> Fall	<input type="checkbox"/> 9 Months

3- HOUSING PREFERENCE

This is only a preliminary check of your housing preference and NOT the actual housing application. For campuses with more than one housing option indicate your preference by numbers, with "1" being your first choice, "2" being your second choice.

	Homestay
	On-campus Apartments (International Village)

Note: Housing applications are to be made after receiving formal acceptance from UCR. To finalize your housing reservation, you must submit a Housing Application Form and pay all required application fees and / or deposits.

4- FINANCIAL INFORMATION

Submit a bank-certified financial statement (on official bank letterhead) to prove that you have sufficient funds to cover tuition, living other expenses during the period of study in the CAP/CS-L Program. Alternatively, you may have a Bank Official complete the "Certification by Bank Official" below. All funds must be stated in U.S. dollars. The statement must be dated within three (3) months of the application receipt date and for funds, which are immediately available.

Funds required:

UC Riverside 9-month program\$32,800

- A Bank Official has completed the official certification below.
- I am including a financial statement.

Certification by Bank Official

Total Available Funds: \$ USD _____

Name of Account Holder: _____

Name of Bank: _____

Bank Location (City/Country): _____

Name of Bank Official: _____

Title of Bank Official: _____

Bank Official's Signature: _____

Date (within 6 months of application date): _____

Official Bank Seal/Stamp

Statement of Financial Support

The person who is financially responsible for you must read and sign the statement below. If you are financially responsible for yourself, you may sign the statement yourself.

"I have read the information regarding the cost of tuition and living expenses for the period of study in the program. I certify that these funds are available, and I accept full responsibility for these expenses."

Name of Person/Organization _____

Financially Responsible: _____

Relationship to Student: _____

Signature: _____

Date: _____

5- HEALTH INSURANCE

Student participating in the CAP/CS-L Program must have health and liability insurance. Students must purchase insurance that covers unlimited expenses per illness or injury, prior to departure.

- I understand and agree to the above.

6- ESSAY

Tell us about yourself. Answer the following question, providing as much as details as you can:

Please attach an essay providing your educational background. Include information about certificate(s), diploma(s), and degree(s), if applicable. Why are you interested in the CAP/CS-L Program? What are your future career plans and goals? How do you think the CAP/ CS-L Program will help you achieve your goals?

7- UNIVERSITY RECOMMENDATION

Name: _____

Title: _____

Signature: _____

Date: _____

8- STUDENT SIGNATURE

"I certify that the information I have provided on this application is true and correct to the best of my knowledge."

Signature: _____

Date: _____

9- CHECK LIST

Your application cannot be processed until all items in this list have been received:

- Completed application form
- Completed bank statement or official bank letter and sponsor letter or endorsement (less than 3 months old)
- Copy of your official TOEFL score (less than 2 years old)
- One passport-sized photograph
- A photocopy of the page from your passport showing your full legal name, birth date, passport expiration date, and photograph
- Official copy of college/university transcript in English
- Essay