

UCI Study Abroad Center PRE-APPLICATION

OFFICE USE ONLY:

AA Initials/date:

Note: This is **NOT** an application

Instructions: If you plan to participate on an **Independent Program or Other UC Program** abroad complete and submit this form to the UCI Study Abroad Center. Submit prior to applying to your program.

Name _____ Student ID# _____
Phone # _____ UCI Email _____@uci.edu
Major(s) _____

PROGRAM BASICS:

Country: _____

Program Type (check only one below):

- Other UC Program (Campus: _____)
 Independent Program (Provider: _____)
i.e. AIFS, ISA, NYU etc.; if direct enrollment into an institution abroad write university name

Program Focus (check only one below):

- Study Work Volunteer Research Intern Teach

Program Calendar:

Program Start (Month/Year): _____ Program End (Month/Year): _____
Quarter(s) Abroad (check all that apply): Fall Winter Spring Summer

TERMS & AGREEMENTS:

Read the below statements:

- I understand and meet the minimum eligibility requirements of this program.
- I understand this program's details, e.g. course offerings, cost, dates, etc.
- I know this program's application deadline.
- I understand how my financial aid will apply on this study abroad program (if applicable)
- I understand how courses on this program will fit into my academic plan.
- I understand that I am only allowed to submit one application per term, unless I am given special permission by a UCI Study Abroad Center staff member.

If you have any questions about the above statements, visit the Study Abroad Center before proceeding with this application.

If you have read and understand the above statements, please sign & date below.

Signature: _____ **Date:** _____