



UCLA Summer Sessions Summer 2020 Groups Registration

Student Status and Academic Background Information

Are you an international student?

- Yes No

Do you have a valid U.S. passport or a valid Green Card?

- Yes No

Are you enrolling in online courses or do you have one of the following valid visa types (NATO, A-2, H-4, L-2, M-2, O-3, P-4, R-2, TD)?

- Yes No

Are you currently attending a school in the U.S.?

- Yes No

Are you returning to the same school after attending UCLA Summer Sessions this summer (if applicable)?

- Yes No

UCLA Experience

Have you ever attended, applied to, or worked at UCLA before?

- Yes No

Academic Experience

Do you have a University degree?

- Yes No

Please select your registration status for Spring 2020 below:

- University of California (UC)
- UCLA Extension
- 4-year College/University in U.S. other than UC

- 2-year College in the U.S.
- 2 or 4-year College/University outside the U.S.
- High School (either in or outside U.S.)
- None – Working Professional or Full/Part-time Employed
- None – Other

What is the name of your School? _____

School's Country: _____

School's City: _____

School's Zip/Postal Code: _____

Are you graduating prior to Summer 2020? _____

What best describes your expected class level in Fall 2020?

- College Freshman
 College Sophomore
 College Junior
 College Senior

Personal Information

Last Name / Family Name: _____

First Name / Given Name: _____

Middle Name: _____

Suffix: _____

Student Email Address: _____

Confirm Email Address: _____

Date of Birth (MM/DD/YY): _____

Gender: Male Female Other Decline to state

Preferred Pronouns (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> She/Her/Her/Hers/Herself | <input type="checkbox"/> They/Them/Their/Theirs/Themselves |
| <input type="checkbox"/> He/Him/His/His/Himself | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ze/Hir/Hir/Hirs/Hirself | |

Country of Citizenship: _____

Country of Birth: _____

City of Birth: _____

Permanent Address (No P.O. Boxes)

Street Address 1: _____

Street Address 2: _____

City: _____

Country: _____

Zip / Postal Code: _____

Home Telephone Number: _____

Emergency Contact Information

Name of Emergency Contact: _____

Relationship: _____

Primary telephone: _____

Work telephone: _____

Mobile telephone: _____

Email Address: _____

Street Address 1: _____

Street Address 2: _____

City: _____

Country: _____

Zip / Postal Code: _____

Summer Session Selection

Summer Session A:

- 22. Juni – 31. August (sechs Wochen)
- 22. Juni – 14. August (acht Wochen)
- 22. Juni – 28. August (zehn Wochen)

Summer Session C:

- 3. August – 11. September (sechs Wochen)

Summer Sessions A + B:

- 22. Juni – 11. September

Course Selection

Please carefully list the complete 9-digit course ID number for only the courses you intend to enroll in. You can find the course ID numbers in the [Schedule of Classes](#).

NOTE: Enrollment is not guaranteed as it is a competitive process. You can confirm enrollments by logging into your MyUCLA account within 24 hours of submitting this form.

Course 1	Course Number	Course ID
_____	_____	_____
Course 2	Course Number	Course ID
_____	_____	_____
Course 3	Course Number	Course ID
_____	_____	_____
Course 4	Course Number	Course ID
_____	_____	_____

Applicant's Signature

I hereby permit College Contact to submit the information which I have provided on this form to University of California Los Angeles, Summer Sessions via an electronic online application form created and maintained by University of California, Los Angeles.

- Yes
- No

I certify that the above information is true and correct.

Student Signature

Date