2012 SUMMER SESSIONS SUPERFORM

Austrian Student Center GROUP CODE: **AU**	**office@ucla.at**

1.) NAME AND ADDRESS (PLEASE PRINT CLEARLY)

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**	
USE YOUR FULL LEGAL NAME, EXACTLY AS IT IS PRINTED ON YOUR PASSPORT			
HOME ADDRESS:	POSTAL CODE:	CITY:	COUNTRY:
TELEPHONE NUMBER **(include country code &city code)**	FAX NUMBER:	EMAILADDRESS:	

2) STUDENT INFORMATION

BIRTH DATE: (MONTH/DATE/YEAR)

SEX: **MALE:** ____ **FEMALE:** ____

3) COURSE REQUEST (If your 1st choice is closed we will try to enroll you in an alternate course)

	SESSION	DEPT.	COURSE#	# ID NUMBER / Course Name	SEC	UNITS	FEES	
1st. CHOICE								$
ALTERNATE COURSE								
1st. CHOICE								$
ALTERNATE COURSE								
1ST. CHOICE								$
ALTERNATE COURSE								
1st.CHOICE								$
ALTERNATE COURSE								

SUB TOTAL		$
PLUS INTERNATIONAL REGISTRATION FEE	($ 400 non refundable)	$ 700,00
TOTAL COURSE FEES		$

4) HOUSING REQUEST

Please visit the UCLA.edu website online to register.

Follow the links to:
Summer Session Housing Application.

Link is applicable at our website.

5) COMPUTE FEES

COURSE FEES: (FROM SECTION 3) $_____

HEALTH INSURANCE: + $350,00

TOTAL FEES: = $

6) I-20 INFORMATION

AGENCY GUARANTEES PROFICIENCY IN ENGLISH, AND ADEQUATE FUNDS ON DEPOSIT. ALL I-20APPLICANTS MUST PURCHASE HEALTH INSURANCE AND ENROLL IN A MINIMUM OF 8 UNITS PER 6-WEEK SESSION.

Country of Birth: _____

Country of **Citizenship:** _____

Native Language: _____

Other languages: _____

TOEFL Score: _____

Credit Card Authorization Section:

USD 400,00 (non-refundable fee)

only Visa, Mastercard | Expiration Date | Amount to Charge

Cardholder's Name | Cardholder's Signature

Name: _____ Date: _____

Signature: _____ Reminder: Attach copy of Passport