

UCR University Extension
1299 University Ave., Suite 201
Riverside, CA 92507-0112

QUARTER/YEAR _____ SIS I.D.# _____

Name
LAST _____ FIRST _____ PHONE _____ E-MAIL ADDRESS _____

Address
NUMBER & STREET _____ CITY _____ STATE _____ ZIP _____

- I am currently a registered UCR student or have been one in the past. I am a U.S. citizen: YES NO
- I am planning to apply to UCR. Type of Visa _____
- I will be transferring credit from this course to another school. School: _____

For the Student: Course Information FOR A LETTER GRADE A S/NC BASIS

Course Title: _____

Department/Course Number: — (example: MATH – 009A)

Course Type: Section: CRN Number: (example: LEC 030 12981)

Course Type: Section: CRN Number: (example: DIS 040 12983)

NOTE: If there is a lecture and discussion/lab for the course you must supply BOTH numbers.

Reason for Enrolling:

- UCR graduate (year _____) Former UCR student – dismissed UCR student – last class
- Former UCR student – lapsed Visiting student Personal enrichment Other _____

If previous UCR student (Dismissed/Lapsed), what college are you planning to attempt readmission into? _____

Are you planning to leverage the Degree Completion Program associated with your Concurrent Enrollment? YES NO

I acknowledge as a Concurrent Enrollment Student that I must adhere to all policies and regulations regarding student conduct, discipline, sexual harassment, substance abuse and nondiscrimination as prescribed by the University of California Riverside. <http://deanofstudents.ucr.edu/policies>

STUDENT SIGNATURE _____ DATE _____

For the Designated Campus First Level Approver (Enrollment Manager):

Please note that before accepting concurrent participants it is your responsibility to assess the capacity of the class to ensure that space is available for regularly enrolled students. Matriculated students have priority over concurrent enrollees. Actively enrolled concurrent students will appear on iGrade under the “View Extension Students” tab. All grades and records of these enrollments will be retained by UCR University Extension.

This student has my permission to enroll in the course indicated above.

DESIGNATED CAMPUS APPROVER'S NAME (ENROLLMENT MANAGER) – PLEASE PRINT _____

DESIGNATED CAMPUS APPROVER'S SIGNATURE (ENROLLMENT MANAGER) _____ DATE _____

Associate Dean's Approval Required: Former UCR Student Current UCR Student More Than One Course
(College Office – Secondary Level Approval)

ASSOCIATE DEAN'S SIGNATURE _____ DATE _____
College of HSS CNAS EGR School of EDUC GSM Grad Div.

Refund Policy (Follows Campus Policy):

Withdrawing on or after first day of instruction:
2-7 calendar days 90% of refundable fees
8-18 calendar days 50% of refundable fees
19-35 calendar days 25% of refundable fees
36+ calendar days 0% of refundable fees

Grading: At the end of the quarter, instructors should utilize iGrade to post your final grade under the “View Extension Students” tab. Concurrent Enrollment students will not appear on the regular class roster.

For Office Use Only:

units _____ fee _____ method of payment _____
(Ck#, Credit Card, Cash)

date _____ by _____

Trans # _____ Section # _____

Reference I.D # _____