UNIVERSITY of CALIFORNIA Riverside

Mail-in Evaluation Request

Complete this application and mail it along with copies of all your college transcripts to:

Undergraduate Recruitment-Transfer Services
University of California, Riverside
1101 Hinderaker Hall
Riverside, CA 92521 (951) 827-5307

Students with 4-year college work: Please attach course descriptions and syllubi in addition to the transcripts.

PLEASE PRINT CLEARLY Today's date: _____

Last name: _____ First name: _____ M.I.: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: (_____) _____ Birth date: _____ – _____ – _____

E-mail address: Use **CAPITAL LETTERS**. *Print* I *(not* 1*) for the letter "i"* V *(not* U*) for the letter "v"*
Z *(not* Z*) for the letter "z"* Ø *(not* 0*) for the number "zero"* 1 *(not* I*) for the number "one"* 2 *(not* Z*) for the number "two"*

_____ @ _____ • _____
your screen name *(host, example: hotmail, yahoo, etc.)* *(com, net, org, etc.)*

Current grade level: College: ❑ 1 ❑ 2 ❑ 3 ❑ 4 Which fall term do you plan to attend UCR? Fall _____

Proposed UCR major: _____

Last high school attended: _____ School city: _____ State: _____

Advanced Placement tests and scores:

Test _____ Score _____ Test _____ Score _____

Test _____ Score _____ Test _____ Score _____

List all the colleges you have attended: (Show any additional colleges on the back of this sheet.)

College name: _____ School city: _____ State: _____

College name: _____ School city: _____ State: _____

College name: _____ School city: _____ State: _____

List the courses you are taking now and those you plan to take below.

COURSES IN PROGRESS

Term: _____ Year: _____

❑ Semester ❑ Quarter

College Name:

Dept.	Course #	Course Title	Units

Total Units _____

COURSES PLANNED

Term: _____ Year: _____

❑ Semester ❑ Quarter

College Name:

Dept.	Course #	Course Title	Units

Total Units _____

COURSES PLANNED

Term: _____ Year: _____

❑ Semester ❑ Quarter

College Name:

Dept.	Course #	Course Title	Units

Total Units _____