2009 SUMMER SESSIONS SUPERFORM

Austrian Student Center **GROUP CODE: AU**

Fax: +43 1 586 36 24
email: 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

DATES:
____A: 6-week
____A: 8-week
____A:10-week
____A-C: 12-week
____C: 6-week

ROOM TYPE: RESIDENCE HALLS
___2-person room

RESIDENCE SUITES
____4-person room, 2 bedroom

APARTMENTS
____2-person,2 bedroom unit
____2-person,1 bedroom unit
____4-person, 2 bedroom unit
____1-person, studio
____2-person, studio

____Smoker ____Non-Smoker

NAME OF REQUESTED ROOMATE(S):

TOTAL HOUSING FEE: $_____

5) COMPUTE FEES

COURSE FEES: $_____
(FROM SECTION 3)

HOUSING FEES: + $_____
(FROM SECTION 4)

includes social activity tee

HEALTH INSURANCE: + $219.00

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:

only Visa, Mastercard | Expiration Date | Amount to Charge

Cardholder's Name | Cardholder's Signature

Name: _____ **Date:** _____

Signature: _____ **Reminder:** Attach copy of Passport