

APPLICATION FOR CANDIDACY COMPRESSED SCHEDULE

Students must be admitted to the Compressed Schedule program before enrolling in courses.
See ce.uci.edu/legal for current admission deadlines.

FIRST NAME: _____ MI: _____ LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH / / _____

DAY PHONE: _____ EVENING PHONE: _____

SOCIAL SECURITY NUMBER: _____ E-MAIL ADDRESS: _____

1. EDUCATION Official transcripts must be provided no later than the first week of the program.

INSTITUTION	MAJOR	GRADUATION DATE	DEGREES EARNED

2. PROFESSIONAL REFERENCES Please list two professional references we may contact.

NAME	JOB TITLE	PHONE	EMAIL

3. PAYMENT

CHECK ENCLOSED FOR \$125 (Payable to The Regents of the University of California). THE APPLICATION FEE IS NONREFUNDABLE.

OR CREDIT CARD ONLY BY FAX: CHARGE TO: VISA MASTERCARD AMERICAN EXPRESS

CARD #: _____ EXP: _____ AUTHORIZING SIGNATURE: _____

4. IN ORDER TO MEET ABA REQUIREMENTS, we request the following information.

It is requested for statistical purposes only.

- ASIAN BLACK/AFRICAN-AMERICAN CAUCASIAN HISPANIC/LATINO AMERICAN INDIAN/ALASKAN NATIVE
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OTHER _____ DECLINE TO STATE

MAIL OR FAX APPLICATION FOR CANDIDACY AND FEE TO:

CASHIER'S OFFICE, STUDENT SERVICES
UCI DIVISION OF CONTINUING EDUCATION
P.O. BOX 6050
IRVINE, CA 92616-6050
FAX: (949) 824-2090

MAIL TRANSCRIPTS TO:

PARALEGAL CERTIFICATE PROGRAM OFFICE
UCI DIVISION OF CONTINUING EDUCATION
P.O. BOX 6050
IRVINE, CA 92616-6050