

Gender:				IEP	ID#		UCF	R ID#					
Gender:	2015-2016 UCR Ma	aster in Business Pre	paration F	rogran	n					For IEP	<mark>office ι</mark>	<mark>ise only</mark>	
Gender: Male Female Date of Birth: (month/day/year)  Program Choice: MBA Master of Finance Master of Professional Accountancy  Country of Birth: Country of Citizenship:  Address in home country: Mailing Address:  Email Address: Phone:  Academic History  School Name City, State, Country Instruction System (Letter or Numeric)  School Name City, State, Country Instruction (Letter or Numeric)  Please list any standardized tests that you have completed or plan to complete.  (SAT/ACT, SAT Subject Exams, GRE/GMAT, TOEFL, or IELTS)  Testing Date Score Date Score Date Score  FOR OFFICIAL USE ONLY  Application Received by IEP from Student:   FOR OFFICIAL USE ONLY	Family Name	First	First Name			Middle							
Program Choice:	As it appears on your passport												
Country of Birth:  Address in home country:  Mailing Address:  Phone:  Academic History  School Name City, State, Country Language of Instruction (Letter or Numeric)  Please list any standardized tests that you have completed or plan to complete.  (SAT/ACT, SAT Subject Exams, GRE/GMAT, TOEFL, or IELTS)  Testing Date Score Date Score Date Score  FOR OFFICIAL USE ONLY  Application Received by IEP from Student:	Gender: Male	Female		Date of Birth: _			(month/day/year)						
Academic History  School Name City, State, Country Instruction System (Letter or Numeric)  Please list any standardized tests that you have completed or plan to complete.  (SAT/ACT, SAT Subject Exams, GRE/GMAT, TOEFL, or IELTS)  Testing Date Score Date Score Date Score  FOR OFFICIAL USE ONLY  Application Received by IEP from Student:	Program Choice:		Master of Finance			Master of Professional Accountancy							
Email Address:  Academic History  School Name  City, State, Country  Instruction  City, State, Country  Language of Instruction  Instruction  System Begin Date End Date Completion  Diploma/ Certificate and Date of Completion  Please list any standardized tests that you have completed or plan to complete.  (SAT/ACT, SAT Subject Exams, GRE/GMAT, TOEFL, or IELTS)  Testing  Date Score Date Score Date Score  Por OFFICIAL USE ONLY  Application Received by IEP from Student:	Country of Birth:				Count	ry of Citiz	enship:						
Academic History    School Name   City, State, Country   Language of Instruction   System (Letter or Numeric)   End Date   End Date   and Date of Completion	Address in home country:			Mailing Address:									
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Academic History    School Name   City, State, Country   Language of Instruction   System (Letter or Numeric)   End Date   End Date   and Date of Completion													
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School Name   City, State, Country   Instruction   System (Letter or Numeric)   End Date   End Date   Completion    Please list any standardized tests that you have completed or plan to complete. (SAT/ACT, SAT Subject Exams, GRE/GMAT, TOEFL, or IELTS)  Testing   Date   Score   Date   Score      FOR OFFICIAL USE ONLY    Application Received by IEP from Student:	Academic History												
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Application to Campus for Review:  Application Received by IEP from Campus:  GPA:	Application to Car	mpus for Review:											

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Refund Policy						
I have read and acknowledge the refund policy below.  Tuition and fees can only be refunded upon receipt of the following BEFORE the program of withdrawal from the program and the original I-20 issued by University of California, R program start date. Refund requests take six to eight weeks to be processed and a process placements fees are non-refundable. ALL REFUNDS WILL BE ASSESSED A 10% PROCESSING	Riverside Extension. No refunds will be granted AFTER the ssing fee will be assessed. Program application fees and housing					
Signature:	Date:					
Student Certification and Signature						
I certify that the information in this entire form is correct to the best of	mv knowledge. I give my permission for any or all					
information on this form to be provided by the University of California R						
Programs to the School of Business Administration (SoBA).						
Signature:	Date:					
<ul> <li>□ UCR-MBPP Enrollment Application non-refundable fee of \$200. (Payable by Copy of your passport ID page.</li> <li>□ Copy of all undergraduate transcripts translated in English.</li> <li>□ Copy of your Official TOEFL or IELTS score report and results from any other in the U.S.</li> <li>□ Resume</li> <li>□ Statement of Purpose</li> <li>UCR Representative Information:</li> <li>Company Name: ID #:</li></ul>	er examinations you have completed.					
Contact Name:	Credit Card Authorization Choose type: □ VISA □ MasterCard					
Email: Address:	Credit Card Holder Name					
City, State, Zip Code:	Relationship to Student					
Phone/ Fax:	Credit Card Number					
IMPORTANT For Sponsored Students: Our office receives requests from your agent/representative to release your application status, financial and academic information. Under University policy, your written consent is required to release any information to a third party. By signing below, you authorize the release of the above information.	Expiration Date  Validation Code (located on back of card)  Amount authorized to be charged: \$					

Cardholder Signature

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Student Signature:

## **Statement of Purpose**

<u>Please state your specific interests with respect to the program to which you are applying</u>: Use additional pages if needed. In an essay, discuss how your personal background informs your decision to pursue a graduate degree. Please include any educational, familial, cultural, economic, or social experiences, challenges, or opportunities relevant to your academic journey and how you might contribute to social or cultural diversity within your chosen field. Please note that your statement is limited to 1500 characters. (1-2 pages is fine.)

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