

UCI Ayala Pre-medical Postbaccalaureate Program 2017-2018

Supplemental Application Processing Fee Payment Form

Please complete this form in ink.

1. APPLICANT INFORMATION (required)

UCI ID # _____ or UCI DCE ID # _____ This box only needs to be completed if you already have either of these ID numbers. If not, this box should be left blank.		
FULL LEGAL NAME		
LAST: _____	FIRST: _____	MIDDLE: _____
STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PRIMARY PHONE: _____	ALTERNATE PHONE 1: _____	ALTERNATE PHONE 2: _____
EMAIL : _____		
*SOC SEC #: _____	BIRTHDATE (MM/DD/YYYY): _____	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

*By Regental Authority, we request your social security number in order to verify identity for accurate record keeping.

2. APPLICATION PROCESSING FEE PAYMENT

A \$60 non-refundable application fee is required for your application to the Postbaccalaureate Premedical Program to be accepted. This fee may be paid by check or credit card. If paying with check, please tick the appropriate box below and write the check out to the Regents of the University of California. If paying with credit card, please complete the credit card information below:

Payment Method:

Check/money order payable to "UC Regents" in the amount of US \$60.

Credit Card (select one): VISA MC AMEX

Card# _____ Expiration: _____

Amount to Charge (US\$):\$60.00

Name on Card: _____ Today's date: _____

Billing Address (if different from applicant's address above):

Cardholder's Phone #: _____ Cardholder's Signature: _____

3. APPLICANT SIGNATURE AND DATE

By submitting this form, I acknowledge that I am remitting payment for the non-refundable application processing fee to the UCI Ayala Postbaccalaureate Premedical Program. Participation in the program is contingent on acceptance into the program based on additional materials submitted to the UCI Ayala School of Biological Sciences including but not limited to the program application & essay prompt, transcripts, SAT or ACT scores, and letters of recommendation.

Signature

Date

Mail to:
UC Irvine
Division of Continuing Education
P.O. Box 6050
Irvine, CA 92616-6050

OR

Fax to: 949-824-2090