Graduate Preliminary Inquiry Form (GPIF)

This form is not required for most Language & Culture programs or other programs that have predetermined course work. Programs that do not require this form are listed below.*

DIRECTIONS: The purpose of this form is to ascertain whether your interests and needs can be accommodated at the Study Center or host university. If your proposed course of study appears feasible, you will then need to complete the UCEAP Graduate Application by the deadline. It is your responsibility to make arrangements for a mentor or graduate advisor to be available at the host university, although the Study Center may assist.

After reviewing the Information for Graduate Students on the UCEAP website, submit this original form and any attachments to your Campus EAP Office as early as possible. Your Campus EAP Advisor must review and initial this form.

A response will then be solicited from the Study Center through the UCEAP Systemwide Office. Please note that a reply might take several weeks to obtain. It will be forwarded to your Campus EAP Office as soon as it becomes available.

NAME ___________________________ DATE ___________________________
E-MAIL __________________________
CAMPUS ___________________ MAJOR ___________________ FACULTY ADVISOR ___________________
COUNTRY AND HOST UNIVERSITY(IES) OF INTEREST: ___________________________________________
SPECIFIC PROGRAM (if known) and DURATION ___________________________________________
CURRENT UC STATUS (check one): ☐ First-year graduate ☐ MA ☐ PhD ☐ Advanced to Candidacy for PhD

1. Past Academic Record

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2. What kind of course work would you need at the host university? Please be as specific as possible and also indicate your degree of flexibility.

________________________________________________________________________

3. Do you plan to conduct research while a UCEAP participant? Check one: ☐ YES ☐ NO
   If yes, please attach a typed summary (not more than one page) of your proposal.

4. Are there specific faculty members at the host university whom you or your UC advisor will arrange to serve as your advisor, instructor, and/or mentor? If so, please list their names:

________________________________________________________________________

5. Will you accompany a UC faculty member abroad? Check one: ☐ YES ☐ NO
   If the answer is yes, list his/her name and UC e-mail address:

________________________________________________________________________
UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM [GPIF]

6. What is your level of language proficiency in the language of instruction at the host university in which you are interested?

   **READING** | **WRITING** | **SPEAKING**

Have you completed the beginning two years of university-level study in the language? ☐ YES ☐ NO
If the answer is no, how much language study have you completed? ________________________________

7. Please briefly outline how you plan to finance your time abroad with UCEAP, including such considerations as financial aid, loss of income from TAship or other current employment, etc.

   Will you receive a fellowship or stipend? Check one: ☐ YES ☐ NO

   If the answer is yes, inform your Graduate Department and/or Professional School of your intention to participate in UCEAP, and request that they contact UCEAP Student Finance (studentfinance@eap.ucop.edu) regarding your fellowship or stipend. Please note: all course registration and grades must come through UCEAP.

8. If you have specific questions for the study center, please include them as a separate attachment.

   Action by Campus EAP Office: ☐ Reviewed by advisor (initials/date) ________________________________

   Action by UCEAP: ☐ Reviewed by Operations Specialist ________________________________
   ☐ Reviewed by Academic Specialist ________________________________
   ☐ Stop application process (initials/date) ________________________________

   To the Study Center: Indicate whether the proposed study appears to be feasible and provide answers to any questions posed by the student. Please return this form with your signature and overall recommendation to the Operations Specialist at the UCEAP Systemwide Office by ________ (date)

   ☐ Program of study is possible.
   ☐ Program of study may be difficult, but not impossible. (Please indicate nature of difficulty.)
   ☐ Program of study is not possible. (Please indicate reason.)

   ________________________________ Date ________________________________

   Signature of Study Center Representative

   (File signed copy in UCEAP student file; give copy to Academic Specialist and UCEAP Finance Analyst; send copy to Campus EAP Office.)

*Argentina: Spanish Intensive Language; Argentina/Chile: Human Rights & Cultural Memory; Botswana; Brazil: Portuguese Intensive Language; China: BNU L&C; Costa Rica: all programs; Dominican Republic; France: Bordeaux L&C, Lyon L&C, Paris L&C; Egypt; Germany: Berlin Summer, India; Italy: Florence L&C; Japan: Summer Language, Meiji Gakuin, and Tsuru; Korea: summer; Morocco; Russia; Senegal; Singapore: all summer programs; Spain: Cordoba L&C, Exploring Andalucia, Madrid L&C, Pompeu Fabra Univ.; Sweden: Summer L&C; Taiwan: National Taiwan Normal University; Tanzania; Thailand: Interdisciplinary Thai Studies

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