UNIVERSITY OF CALIFORNIA – EDUCATION ABROAD PROGRAM
RECIPROCITY STUDENT INFORMATION

Name: _____
Last (family name) first (given name) middle

Home University: _____ **Citizenship**_____

Place of Birth: City _____ **Country** _____

Birth date: _____/_____/_____
month day year

Gender: Male ___ Female ___

Campus Preference (Ranked) **Duration of Stay** (Circle total number of terms)

1. _____ 1 2 3
2. _____ 1 2 3
3. _____ 1 2 3

UCB (2 Terms): **Fall** (Aug-Dec), **Spring** (Jan-May)
Other UCs (3 Terms): **Fall** (Sept-Dec), **Winter** (Jan-Mar), **Spring** (April-June)

First Enrollment Term: Fall _____ Winter _____ Spring _____ (give year)

UC __ Department Applied to: _____

UC __ Department Applied to: _____

UC __ Department Applied to: _____

Examination Scores:

TOEFL _____ or date of exam _____

IELTS _____ or date of exam _____

GRE _____ (verbal) _____ (quantitative) or date of exam _____

Educational History:

Country	Current school (yes/no)	School Name	City	Begin month/yr	End month/yr	Diploma	Year

Gaps in Education: (Briefly describe.)