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| INTERNATIONAL PROGRAMS  UCSD EXTENSION, 0176 D  Tel: (858) 822-1292 Fax: (858) 534-5703  e-mail: ups-program@ucsd.edu | 9500 GILMAN DRIVE  LA JOLLA, CALIFORNIA 92093-0000  http://ip.extension.ucsd.edu |

# AUTHORIZATION TO CREATE STUDENT ACCOUNT

Student Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Extension Summer University Program Applicant:

Thank you for your application. Before we can process your application for admission to the Extension Summer University Program, you must indicate that you understand and accept all of the statements listed below.

Please put your initials after each statement to indicate that you understand and agree to these terms of enrollment and fax it back to us at (858) 534-5703 or email it to [ups-program@ucsd.edu](mailto:ups-program@ucsd.edu), Attn: Megan Schuck or Valerie Nickels.

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| STATEMENT | INITIALS |
| I give permission to my Summer University Program advisor to create a Summer Session student account on my behalf. |  |
| I understand that my advisor will create a unique password for me and provide it to me so that I can change it at a later date. |  |
| I understand that I must be enrolled in 8 units in order to be considered full-time and to maintain my student visa status. |  |
| Enrollment into classes will be completed by my advisor on a space-available basis. |  |
| Any requests for changes must be approved by my advisor in advance. |  |

My initials above indicate that I understand and accept each of the statements above.

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Signature Date