



2009

SUMMER SESSIONS SUPERFORM

UCLA Registration Center
c/o <ochschule München F? 14

Am Stadtpark 20
81243 München
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Fachhochschule München Germany
Munich University of Applied Sciences

Group
Code: **GG**

UCLA STUDENT ID NUMBER

1) NAME AND ADDRESS

(PLEASE PRINT CLEARLY)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

USE YOUR FULL LEGAL NAME, EXACTLY AS IT IS PRINTED ON YOUR PASSPORT

HOME ADDRESS _____ POSTAL CODE _____ CITY _____ COUNTRY _____

TELEPHONE NUMBER (INCLUDE COUNTRY CODE & CITY CODE) _____ FAX NUMBER _____ E-MAIL ADDRESS _____

2) STUDENT INFORMATION

BIRTH DATE:
MONTH DAY YEAR

SEX: MALE: FEMALE:

3) COURSE REQUEST (IF YOUR 1st CHOICE IS CLOSED WE WILL TRY TO ENROLL YOU IN AN ALTERNATE COURSE)

	SESSION	DEPT.	COURSE #	ID NUMBER	SEC	UNITS	
1st CHOICE							\$
ALTERNATE COURSE							
1st CHOICE							\$
ALTERNATE COURSE							
1st CHOICE							\$
ALTERNATE COURSE							
1st CHOICE							\$
ALTERNATE COURSE							
SUB TOTAL							\$
PLUS INTERNATIONAL REGISTRATION FEE							\$
TOTAL COURSE FEES							\$

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4) HOUSING REQUEST (MARK YOUR CHOICE WITH A CROSS)

ROOM TYPE

NAME OF REQUESTED ROOMATE(S): _____

A: 6-week: (6/22 - 7/31)

C: 6-week: (8/3 - 9/11)

RESIDENCE HALLS

1-PERSON ROOM
 2-PERSON ROOM

RESIDENCE SUITES

1-PERSON ROOM
 2-PERSON ROOM

15 meals 21 meals

APARTMENTS

2-PERSON, 1 BEDROOM UNIT
 4-PERSON, 2 BEDROOM UNIT
 1-PERSON, STUDIO
 2-PERSON, STUDIO

SMOKER
 NON-SMOKER

TOTAL HOUSING FEE \$ _____

5) I-20 INFORMATION

AGENCY GUARANTEES PROFICIENCY IN ENGLISH, AND ADEQUATE FUNDS ON DEPOSIT. ALL I-20 APPLICANTS MUST PURCHASE HEALTH INSURANCE AND ENROLL IN A MINIMUM OF 8 UNITS PER 6-WEEK SESSION.

COUNTRY OF BIRTH: _____

COUNTRY CITIZENSHIP: _____

NATIVE LANGUAGE: _____

OTHER LANGUAGE: _____

TOEFL SCORE: _____

6) PAYMENT

BY TRANSFER:

UCLA SUMMER SCHOOL, DR. K. BALIK
KTO.-NR.: 07 925 748 00/400
BLZ: 700 800 00 DRESDNER BANK

7) COMPUTE FEES

COURSE FEES: (FROM SECTION 3) \$ _____

HOUSING FEES: (FROM SECTION 4) \$ _____

HEALTH INSURANCE: \$ 2 2 5 , 0 0

BANK CHARGE: \$ _____ 3 0 , 0 0

TOTAL FEES \$ _____

THE UNDERSIGNED CONFIRMS HIS/HER REGISTRATION.

DATE _____ STUDENT'S SIGNATURE _____

**studieren in
den USA**

DEADLINES

APPLICATIONS MUST BE AT

UCLA Registration Center, c/o HcW gW i `Y München,
(Am Stadtpark 20, 80636 München, info@sommerstudium.de
FAX: 089 / 58909260)

A SESSION - 9. MAI 200-

C SESSION - 20. JUNI 200-

Housing Selection:

Please complete both parts of the following section. First indicate the session you will be attending, than select your room type. Due to limited availability, assignment of your housing preference cannot be guaranteed. If you are not assigned to your choice, a refund may be made or additional fees may be due upon arrival. All contracts begin the Sunday prior to the first day of each session, and end on the Saturday after each session. Early arrival US \$ 75,00 a day.

www.housing.ucla.edu/summer

A) I will be attending the following Summer Session

A: 6-week: (6/2G- 3F) C: 6-week: (8/H- 9/1F)

B) I request the following room type (please check appropriate box below). Payment please see # 6 (next page). Meals are included with Residence Hall and Suite rates. NOTE: The selections and rates for 2007 were not finalized at the time of publication. Please visit the Housing section of our Website in early 2007 to confirm selections and rates.

SESSION:	6-WEEK	8-WEEK	10-WEEK	12-WEEK
RESIDENCE HALL				
Double Room 21 meals /week	2.301	3.090	3.880	4.669
Double Room 15 meals/week	2.041	2.739	3.438	4.136
RESIDENTIAL SUITES				
Double Room 21 meals/week	2.741	3.684	4.628	5.571
Double Room 15 meals/week	2.481	3.333	4.186	5.038
UNIVERSITY APARTMENT				
2-person, 1 bedroom no meals	1.725	2.313	2.901	3.489
2-person, 2 bedroom no meals	2.205	2.961	3.717	4.473
1-person, studio no meals	2.285	3.069	3.853	4.637
2-person, studio no meals	1.485	1.989	2.493	2.997

C) CANCELLATION POLICY

Requests for housing cancellations must be received by Summer Sessions Office according to the following tentative deadlines. We will notify you if the Housing Office makes any changes to these deadlines.

Cancellation Fee	Session A	Session C
No cancellation fee	June 13	July 25
\$ 100 cancellation fee	June 16	July 27
\$ 250 cancellation fee	June 20	August 1
\$ 250 cancellation fee +social fee+prorated daily room rate	After June20	After August 1