

UC Irvine

Statement of Intent to Register (SIR)

Fall Quarter 2005

(UCI ID#)

(Last Name, First Name, Middle Name)

I intend to register and enroll at the University of California, Irvine for the fall quarter 2005. My non-refundable \$100.00 Undergraduate Acceptance of Admissions Fee, which applies toward my registration fee, is attached. *(Make your check payable to **Regents of the University of California**).* I understand that I will pay the balance of my fee when I register for classes.

(applicant signature)

(date)

Mail to: Office of Admissions and Relations with Schools
204 Administration Building
Irvine, CA 92697-1075 USA

If your **mailing address, telephone number or e-mail** has changed, please print the new information below:

(street address) _____

(city) _____

(state or country) _____

(phone) (_____) _____

(email) _____ @ _____

Check Cash

Received by: _____
Counselor Initial