SONAL INFORMATION	<b>.</b> .						TRANSCRIPT ADI	DRECC		
	* Requir	ed Field						d an official transcript	equired Field	
							2015. If you do no	ot provide a transcript	address by Augu	
: Name* (Family Name/Su		First Name*	(Given Nam	اما	Midd	le Name		mailed to your perma		
appears in passport	name)	riist Name	(Given Nam	ic)	iviida	ie ivanie		thich address you want as the left (do not prov		
								address (fill out a diffe		
hdate* (MM-DD-YYYY)	Soc	cial Security Number	* S	ex* (Gende	r): 🗌 Mal	e 🗌 Female		dress later (do so by A		,
							Name of the Rec	rinient*		
eet Address*							ivaline or the Rec	cipient		
* State/Province* Zip/Postal C			de* Country		Street Address*					
ail Address*		Tolonho	ne Number	* 52	x/Alternat	o Number			. /2 . *	
all Address		тетерпо	me Number	rd.	x/Aiternat	e Number	City*	Sta	ite/Province*	
Campus Directory Service	s release you	ir address to the pub	lic?* 🗌 Ye	es 🗌 No						
Campus Directory Service	s release you	r phone number to t	the public?*	☐ Yes	□ No		Zip/Postal Code	* Co	untry	
RSE SELECTION	* Requir	red Field					STUDENT INFOR	RMATION * RA	equired Field	
	Course	Course		Grading			What is your curr	· `		
Department*	Number*	Control Number*	Session*	Option*	Units*	Tuition*	U.S. Citizen	Permanent Resid	ent	
Statistics	100	12345	С	Letter	2	\$920	F-1 J-1	Other		
								ou return to your U.S.		1 🗌
Discussion Section							Name of the scho	ool you currently atten	d*	
Laboratory Section										
							What is your stud	dent status (as of Sprin	g 2015)?*	
Discussion Section							UCB Extension			
Laboratory Section							Attend a Califo	ornia Community Colle Two Year College	ge	
2000.000.7 0000.0							☐ Attend a Califo	ornia State University		
							-	Four Year College or Ur		
Discussion Section								uture Degree	lling for Job Adva	nceme
Laboratory Section								d the equivalent of a L	I C Baccalauroate	o (BA/
							Degree?* \( \Bar{\chi}\) Ye	•	J.J. Daccalauleate	: (DA)
Diagnosian Castian							Will you receive a	a BA/BS this summer?*	*	] No
Discussion Section							·	for admission to UC B		_
Laboratory Section										010.
							│	0		
								o ed UC Berkeley before	?* □ Yes □	] No

Date\*

Signature\*