

UCI School of Biological Sciences Postbaccalaureate Premedical Program 2022-2023 Supplemental Application Fee Payment Form

Instructions:

Please complete this form and e-mail it to UCI Division of Continuing Education (DCE) at dce-services@uci.edu, with the Subject "School of Bio Sci Postbaccalaureate Premedical Program Supplemental Fee". After this form is received by DCE, you will be contacted via e-mail with information regarding how to submit your fee payment.

Applicant Information (required)

UCI ID #

or UCI DCE ID #

The requested ID numbers only need to be provided if you already have either of these ID numbers. If not, they should be left blank.

Full Legal Name

Last:

First:

Middle:

Date of Birth:

STREET ADDRESS:

Address1:

Address2:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

E-mail:

Gender: Male Female

3. APPLICANT SIGNATURE AND DATE

By submitting this form, I acknowledge that I will remit payment for the non-refundable application processing fee to the UCI School of Biological Sciences Postbaccalaureate Premedical Program. Participation in the program is contingent on acceptance into the program based on additional materials submitted to the program including but not limited to the program application & essay prompt, transcripts, and letters of recommendation.

Signature

Date