

University of California, Santa Barbara
Personal Information Sheet

This form must be completed and returned to the Department of **Summer Sessions**, University of California, Santa Barbara, CA 93106-2010 by the deadline of April 1.

Department of Summer Sessions - Institute of French and Francophone Studies Degree M.A.

Name: _____ Previous Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____ Gender: _____

Citizenship: US Citizen US Permanent Resident Foreign

Have you ever applied to a graduate program at UCSB? _____ If yes, when? _____

Current Address: _____ Current E-Mail Address: _____

_____ Current Phone #: _____
_____ Fax number: _____

Permanent Address (if different): _____

List all colleges and universities attended since high school. Please include the institutions you are currently attending and any previous post baccalaureate work completed in preparation for graduate study. (You may continue on another page.)

| College/University | Location | Dates Enrolled | Degree | Major Field of Study |
|--------------------|----------|----------------|--------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

GRE and TOEFL Test Information:

GRE Scores: Verbal _____/_____% Quant.. _____/_____% Analy. _____/_____% Date: _____

Subject _____/_____% Date: _____

TOEFL Exam Date: _____ Total Score: _____

Recommenders: _____

Were you referred to the Institute by a current student? If so, whom? _____