

Post-Baccalaureate Program in Classics

APPLICATION FORM

To apply to this certificate program, the student should send the following 5 items to:

UCD Department of Languages & Literatures

Graduate Program Staff, Classics
Sproul Hall

1 Shields Ave.

Davis, CA 95616

1. This Application Form

2. Statement of Purpose (one-typed page)

3. \$125 nonrefundable application fee:

Check enclosed, payable to U.C. Regents

Please charge my debit/credit card (Visa/MasterCard/Discover/American Express):

Name on credit card:

Credit card number:

Expiration date:

Authorized Signature: _____

4. Official College or University Transcript, with date of actual or expected B.A. degree clearly indicated

5. Two (2) Letters of Recommendation from college or university instructors

The University of California, in accordance with applicable Federal and State Law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, medical condition (cancer-related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran. The University also prohibits sexual harassment. This nondiscrimination policy covers admission, access and treatment in University programs and activities. Inquiries regarding the University's student-related nondiscrimination policies may be directed to Office of the Dean, UC Davis Continuing and Professional Education, (530) 757-8663.

Application for:

Fall quarter (Priority Deadline May 1st)

Winter quarter (Priority Deadline December 1st)

Spring quarter (Priority Deadline March 1st)

Applications will be accepted after the deadlines above until the program fills.

UC Davis Post-Baccalaureate Program Application

Personal Data

Last Name: First Name: Middle:

Citizenship

- US Citizen
- Permanent US Resident
- Other (Specify Citizenship:)

Contact Information

Permanent Home Address

Street address:

City, State, Zip Code:

If different from above, please give your Current Mailing Address

Street address:

City, State, Zip Code:

Cell Phone Number: Other Phone Number:

Email Address:

Optional Information

MALE FEMALE

Date of Birth (MM/DD/YYYY)* / /

* Providing your date of birth is voluntary. SSN & DOB will be required in order to set up a campus computing account.

Academics

Name of the institution where you earned your Bachelor's degree:

Major:

Date you earned your degree (MM/DD/YYYY): / /

Have you completed other Post-B.A. Study? YES NO

UC Davis Post-Baccalaureate Program Application

Institution:

Program:

Dates:

References

First Reference

Name:

Address:

Phone:

E-mail:

Second Reference

Name:

Address:

Phone:

E-mail:

Coursework

Please list all Classics courses that you have taken. Use additional sheets as necessary.

Courses in Greek

Course Title #1:

Institution:

Dates:

Course Title #2:

Institution:

Dates:

Course Title #3:

Institution:

Dates:

Courses in Latin

Course Title #1:

Institution:

Dates:

Course Title #2:

Institution:

Dates:

Course Title #3:

Institution:

Dates:

All other Classics Courses

Course Title #1:

Institution:

Dates:

Course Title #2:

Institution:

Dates:

Course Title #3:

Institution:

Dates:

Course Title #4:

Institution:

Dates:

I certify that all information submitted in the admission process is my own work, factually true, and honestly presented. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I have certified be false.

Signature: _____ **Date:** _____

Name: _____