

Application for the Post-Baccalaureate Program in Classics

To apply for admission to this certificate program, please send the following five items to the Program Coordinator for Classics, Rob Hether at robhether@ucdavis.edu:

- 1. This application form**
- 2. Statement of Purpose** (one typed page)
- 3. Official college or university transcript** (indicating the date of receipt, or expected receipt, of the undergraduate degree)
- 4. Two 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.

This application is for admission in which quarter?

- ☐ 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.

Personal Information

Name (last/first/middle): _____

Citizenship: ☐ US Citizen ☐ Permanent US Resident ☐ Other (Specify: _____)

Contact Information

Permanent Home Address

Street address: _____

City, State, Zip Code: _____

Current Mailing Address (if different from above)

Street address: _____

City, State, Zip Code: _____

Phone Number: () _____

Email Address: _____

Optional Information

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

* Providing your date of birth for the application is optional, but your social security number and date of birth will be required in order to set up a university computing account.

Academics

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

Major: _____

Date you earned/will earn the degree (MM/DD/YYYY): _____

Have you completed other Post-Bachelor's study (yes/no)? _____

If yes: Institution _____ Program: _____ Dates: _____

References

First Reference

Name: _____

Phone: _____

Email: _____

Second Reference

Name: _____

Phone: _____

Email: _____

Coursework

Please list all Classics courses that you have taken. Use additional sheets if 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 Courses in Classics:

Course Title #1: _____

Institution: _____

Dates: _____

Course Title #2: _____

Institution: _____

Dates: _____

Course Title #3: _____

Institution: _____

Dates: _____

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

Signature: _____ **Date:** _____