

UC IRVINE OFFICE OF ADMISSIONS AND RELATIONS WITH SCHOOLS

CLOSURE APPEAL INFORMATION SHEET

E-mail Address: _____

Telephone Number: _____

First Name: _____

Middle Name: _____

Last Name: _____

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

Permanent Address: _____

Intended Major: _____

Alternate Major: _____

High School Graduation Date: _____

High School GPA: _____

Transfer Applicants Only:

Transferable Units: _____

Transferable GPA: _____

PLEASE PRINT THIS FORM OUT AND ATTACH YOUR MOST RECENT TRANSCRIPT; include courses in progress and courses planned in addition to those completed. If this information can not be included on your transcript, attach a separate page with these items listed.

IF YOU HAVE ATTENDED MULTIPLE SCHOOLS, PLEASE ATTACH ALL RELEVANT TRANSCRIPTS.

Please be advised that our office approving any Appeals to Closure of the Application Filing Deadline does not guarantee admission to UC Irvine.

If you have applied to any University of California campus for the current term, please list your 7-digit application number: _____