

UNIVERSITY OF CALIFORNIA CENTER SACRAMENTO

Fall Semester 2009

Letter of Intent and Program Fee

Due Friday, 12 June, 2009

1130 K Street, Suite LL22
Sacramento, CA 95814

Phone: 916-445-5533
Fax: 916-445-5536

I, _____, confirm my participation in the University of California Center Sacramento (UCCS) program for the term indicated above. I understand that by signing this Letter of Intent, I agree to undertake a 24-32 hours per week internship and to enroll in (and pay the tuition for) the appropriate courses. I further understand that the internship and course work will take place in Sacramento.

HOUSING

If I choose to live in the provided Guest Suites apartments, I understand that I am responsible for housing costs which will be **\$2729.50** for the semester. Housing contracts will be sent to Scholar Interns directly from Guest Suites. **A housing deposit of \$50 will be due to Guest Suites by Saturday, August 15th.**

- Please check here if you have made or will be making alternate arrangements for housing and do not plan on living in the Guest Suites apartments. **The deadline for reserving a spot in the Guest Suites apartments is Monday, August 3rd.**

PROGRAM FEE

I understand that a non-refundable UCCS Program Fee in the amount of **\$400.00** is required to participate in the Scholar Intern program. The Fee is paid via check or money order made out to **UC REGENTS** and mailed to the UC Center Sacramento with this Letter of Intent. This charge is separate from and in addition to the fees and tuition paid to my home campus.

CHECK ONE:

- _____ I will receive Financial Aid during Fall Semester 2009
_____ I will not receive Financial Aid during Fall Semester 2009

Non-Financial Aid recipients must submit a check or money order for \$400 to cover the Program Fee with this form by Friday, 12 June 2009.

Financial Aid recipients will pay the Program Fee via check or money order on the first day of orientation week – Monday, August 31st 2009.

Please make the check payable to **UC REGENTS** and include your name, campus, and student ID number on the check.

Student Signature

Date

Please complete this form and return to:

**Sheng Lin, Internship Advisor
University of California Center Sacramento
1130 K Street, LL22
Sacramento, CA 95814**