



# Graduate Preliminary Inquiry Form (GPIF)

Please note that the Graduate Preliminary Inquiry Form is not required for Language & Culture programs and other programs that have predetermined coursework. These programs are listed below \*

**TO THE STUDENT:** The purpose of this form is to ascertain whether your interests and needs can be accommodated at the Study Center or host university in which you would like to enroll as an EAP student. If your proposed course of study appears feasible, you will then need to complete the EAP Graduate Application by the specified deadline. It is your responsibility to make arrangements for a mentor or graduate advisor to be available at the host university, although the Study Center Director may assist with these arrangements.

- After you have carefully read the EAP Graduate Admission Information Sheet, complete this form.
- Submit the original and two copies of this form and any attachments to your Campus EAP Office as early as possible. Your Campus EAP Advisor must review and initial this form.

A response will then be solicited from the Study Center through the Universitywide Office of EAP. Please note that a reply might take several weeks to obtain. It will be forwarded to your Campus EAP Office as soon as it becomes available.

**Please print legibly or type:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CAMPUS \_\_\_\_\_ MAJOR \_\_\_\_\_ FACULTY ADVISOR \_\_\_\_\_

COUNTRY AND HOST UNIVERSITY(IES) IN WHICH INTERESTED: \_\_\_\_\_

SPECIFIC PROGRAM (if known) and DURATION \_\_\_\_\_

CURRENT UC STATUS (check one):  First year graduate  MA  Ph.D.  Advanced to Candidacy for Ph.D.

1. Past Academic Record

Degrees Received	Major	Minor	Institution	Date Awarded

2. What kind of coursework would you need at the host university? Please be as specific as possible and also indicate your degree of flexibility.

\_\_\_\_\_

3. Do you plan to conduct research while an EAP participant? Check one:  YES  NO

If yes, please attach a typed summary (not more than one page) of your proposal.

4. Are there specific faculty members at the host university whom you or your UC advisor will arrange to serve as your advisor, instructor, and/or mentor? If so, please list their names:

\_\_\_\_\_

5. Will you accompany a UC faculty member abroad? Check one  YES  NO

If the answer is yes, list name and UC address:

\_\_\_\_\_

\_\_\_\_\_

**UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM [GPIF]**

6. What is your level of language proficiency in the language of instruction at the host university in which you are interested?

READING

WRITING

SPEAKING

Have you completed the beginning two years of university-level study in the language?  YES  NO

If the answer is no, how much language study have you completed? \_\_\_\_\_

List language courses completed for the country to which you are applying \_\_\_\_\_

7. Please briefly outline how you plan to finance your time abroad with EAP, including such considerations as financial aid, loss of income from TAship or other current employment, etc. Is your EAP participation contingent on receiving financial aid?

Will you receive a fellowship or stipend? Check one:  YES  NO

If the answer is yes, list name of Graduate Department and/or Professional School and contact person(s) including contact information:

Be sure to inform this contact of your intention to participate in EAP, and request that they contact UOEAP Student Finance ([stufinance@eap.ucop.edu](mailto:stufinance@eap.ucop.edu)) regarding your fellowship or stipend. *Please note: all course registration and grades must come through EAP.*

8. If you have specific questions for the study center, please include them as a separate attachment.

**Action by Campus EAP Office:** \_\_\_\_\_ Reviewed by advisor (initials/date) \_\_\_\_\_

**Action by UOEAP:** \_\_\_\_\_ Reviewed by academic specialist \_\_\_\_\_

\_\_\_\_\_ Stop application process \_\_\_\_\_

(initials/date) \_\_\_\_\_

**To the Study Center:** Review the above expression of interest in study at your EAP Study Center, indicate whether the proposed study appears to be feasible, and provide answers to any questions by the student. Please return this form with your signature and overall recommendation to the appropriate Operations Specialist at the Universitywide Office of EAP by

\_\_\_\_\_ (date)

\_\_\_\_\_ Program of study is possible.

\_\_\_\_\_ Program of study may be difficult, but not impossible. (Please indicate nature of difficulty.)

\_\_\_\_\_ Program of study is not possible. (Please indicate reason.)

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Study Center Director or Liaison Officer**

(File signed copy with UOEAP student file; give copy to Academic Specialist and Student Finance Analyst; send copy to campus EAP office.)

\* **Brazil:** Bahia Language and Culture; **China:** all summer programs and Fudan fall; **Costa Rica:** Monteverde Tropical Biology and Conservation; **Denmark:** Summer L&C; **France:** Bordeaux and Lyon L&C; **Germany:** Potsdam L&C; **Italy:** Rome fall & spring **Japan:** Joint UC-ICU fall program and Meiji Gakuin; **Korea:** summer program; **Mexico:** Mexico-U.S. Comparative Program and Morélia Language and Society Program, and Field Research Program; **Russia:** Intermediate and Advanced L&C; **Spain:** Cordoba Fall and Spring L&C and Madrid Summer; **Sweden:** summer L&C; **Taiwan:** language study; **Thailand:** summer program; **UK:** UC/London Fall Semester