

Academic Planning Form - UCSD
EDUCATION ABROAD PROGRAM (EAP)

Name _____ Student ID # _____ College _____
Last First M.

Major(s) _____ Minor/P of C/Reg Spec _____

Quarter(s) of study abroad (circle): summer 20 __, fall 20 __, winter 20 __, spring 20 __

Country _____ EAP Program (if more than one per country) _____

Expectations Concerning Credit:

Do you wish to fulfill requirements for your Major(s)?

Minor(s)?

General education?

How flexible are you?

Courses to be Taken Abroad: List a full load of courses (titles, not numbers) for your time abroad. Specify in the left-hand column whether you plan to apply them toward your **Major(MA)**, **Minor(MI)**, **GE**, **Program of Concentration(PC)**, **Regional Specialization (RS)**, or **Elective Units (EU)**.

MA, MI GE, PC RS, EU	Course Title (DO NOT USE COURSE NUMBERS) <i>(To be completed by student)</i>	UC Units	Dept. & College Staff/Faculty Comments <i>(Optional)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student notes/comments (e.g. how definite are these course selections; what other courses could you pursue if these courses were not available):

The above information is complete and correct as of this date. I am aware that course offerings in host institutions fluctuate, and that it may be necessary to adjust my program accordingly. Also, I recognize that UCSD academic departments have final authority over what courses taken abroad fulfill major/minor requirements. Finally, I am aware of the UC residency requirements and that requests for waivers of these requirements must be petitioned separately prior to my departure.

Student's signature

Date

Name _____ Student ID # _____

FACULTY/STAFF COMMENTS AND SIGNATURES. Please clarify college/departmental requirements and recommendations relevant to EAP participation in the comments section below prior to signing. For example, how many courses/units will the department or college accept from study abroad; what types of courses taken abroad are particularly appropriate; what requirements cannot be replaced by a course taken away from UCSD; what courses should not be pursued abroad.

• The student and I have discussed the above plan in relation to student's major program, including residency requirements. This course of study is approved provisionally, based on course titles and descriptions. Student must petition courses upon return, and submit supporting documentation, including syllabi, reading list, class notes, exams, papers, etc.

Additional comments:

Major Dept Faculty/Staff Advisor Signature Print Name Date

• The student and I have discussed the above plan in relation to student's major/minor program, including residency requirements. This course of study is approved provisionally, based on course titles and descriptions. Student must petition courses upon return, and submit supporting documentation, including syllabi, reading list, class notes, exams, papers, etc.

Additional comments:

2nd Major Dept Faculty/Staff Advisor Signature Print Name Date

• The student and I have discussed the above plan in relation to student's minor program, including residency requirements. This course of study is approved provisionally, based on course titles and descriptions. Student must petition courses upon return, and submit supporting documentation, including syllabi, reading list, class notes, exams, papers, etc.

Additional comments:

Minor Dept Faculty/Staff Advisor Signature Print Name Date

• This is a **matriculated student in good academic standing** as of this date. The student and I have discussed the above plan in relation to student's **graduation requirements, including residency requirements.** This course of study is approved provisionally, based on course titles and descriptions. Student must petition courses upon return, and submit supporting documentation, including syllabi, reading list, class notes, exams, papers, etc.

Additional comments:

Provost Office Academic Advisor Signature Print Name Date