

**ACADEMIC PLANNING FORM
 EDUCATION ABROAD PROGRAM - UC IRVINE
 PHYSICS SUMMER PROGRAM
 UNIVERSITY OF SUSSEX • UNIVERSITY COLLEGE DUBLIN • UNIVERSITY OF GLASGOW**

NAME _____ MAJOR _____ ID # _____

Field of study while abroad: Physics, Summer program, YEAR _____

Country and program: United Kingdom, University of Sussex • Ireland, University College Dublin,
 •Scotland, University of Glasgow

Take courses that will count toward major requirements.

Prerequisites:

Completed Mathematics 2A _____ Quarter/Year _____ OR Transfer Course _____

OR Advanced Placement: AB/Exam Score _____ BC/Exam Score _____

Completed Mathematics 2B _____ Quarter/Year _____ OR Transfer Course _____

OR Advanced Placement: BC/Exam Score _____

OR

Enrolled in Math. 2A/Quarter/Year _____ Enrolled in Math. 2B/Quarter/Year _____

IMPORTANT ENROLLMENT POLICY FOR EAP SUMMER PHYSICS PROGRAMS:

- Students must complete the mathematics requirement: Math 2A and Math 2B with minimum grades of C, and **no repeats** of these courses.
- Students who do not meet these requirements will not be approved to participate in the physics summer program.
- In progress/planned courses are subject to verification prior to program participation.
- IF the student paid program deposit/fees, and does not meet the MATH 2A and MATH 2B requirement, it is possible that NO REFUND of monies will be made. It is the student's responsibility to check program deadline for refund policy.

Course Title	UCI School or Department Comments
Introductory Physics 1 and Introductory Physics 2 - Courses must be calculus-based	Fulfills one year of physics lecture and lab for School of Biological Sciences majors

I am aware that course offerings at the host institutions fluctuate and that it may be necessary to adjust my courses accordingly. Also, I understand that my major department has final authority over what courses taken abroad fulfill any degree requirements and that will ultimately be determined after I return from EAP by my Academic Counselor.

 Student's Signature Date

 Name of Counselor _____
 School/Department _____
 E-mail Address _____
 Phone # _____ Fax # (949) 824-4697 _____

I have advised the student on how the above-listed courses are likely to count towards his/her UCI degree requirements.

 Counselor's Signature Date