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/5A ____ Quarter/Year ________ OR Transfer Course _______________

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

- Completed Mathematics 2B/5A ____ Quarter/Year ________ OR Transfer Course _______________

- OR Advanced Placement: BC/Exam Score____

- OR

- Enrolled in Math. 2A/5A/Quarter/Year ______________ Enrolled in Math. 2B/5B/Quarter/Year_____________

**IMPORTANT ENROLLMENT POLICY FOR EAP SUMMER PHYSICS PROGRAMS:**

- Students must complete the mathematics requirement: Math 2A/5A and Math 2B/5A 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/5A and MATH 2B5A 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.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>UCI School or Department Comments</th>
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<tbody>
<tr>
<td>Introductory Physics 1 and Introductory Physics 2</td>
<td>Fulfills one year of physics lecture and lab for School of Biological Sciences majors</td>
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</table>
- Courses **must** be calculus-based | |

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 # ___________________________

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

Revised: 10/2/18 Biological Sciences