NAME ___________________________ MAJOR ___________________________ ID # ___________________________

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

Country/program:

☐ 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.

<table>
<thead>
<tr>
<th>UCEAP Course Title</th>
<th>UCI School or Department Comments</th>
</tr>
</thead>
<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 and Pharm Sci Majors.</td>
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<tr>
<td>- Courses <strong>must</strong> be calculus-based</td>
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</table>

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 UCEAP by my Academic Counselor.

__________________________________________________________________________________________

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

Name of Academic Counselor ___________________________

School/Department_______________________________

E-mail Address ______________________________________

Phone #____________________Fax # (949) 824-4697____

__________________________________________________________________________________________

Student’s Signature ___________________________ Date ________________

Counselor’s Signature ___________________________ Date ________________

Revised: 01/17/14 Biological Sciences