UCEAP UCI ACADEMIC PLANNING FORM
PHYSICS SUMMER PROGRAMS

NAME ___________________________ MAJOR ___________________________ ID # ___________________________

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

Country and program: __________________________

Prerequisites:
Completed Mathematics 5A ____ Quarter/Year ________ OR Transfer Course _______________
OR Advanced Placement: AB/Exam Score _____ BC/Exam Score____

Completed Mathematics 5B ____ Quarter/Year ________ OR Transfer Course _______________
OR Advanced Placement: BC/Exam Score____

OR
Enrolled in Math 5A Quarter/Year ______________ Enrolled in Math 5B Quarter/Year ______________

IMPORTANT ENROLLMENT POLICY FOR EAP SUMMER PHYSICS PROGRAMS:
• Students must complete the mathematics requirement: Math 5A and Math 5B with minimum grades of C.
• 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 5A and MATH 5B 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 requirement for the School of Biological Sciences majors</td>
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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.

__________________________________________________________________________________________

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

__________________________________________________________________________________________

Name of Counselor___________________________________________________________
School/Department___________________________________________________________
E-mail Address______________________________________________________________
Phone # _____________________________

__________________________________________________________________________________________

Student’s Signature Date Counselor’s Signature Date

Revised: 10/2019 Biological Sciences