UCI's UCEAP ACADEMIC PLANNING FORM
PHYSICS SUMMER PROGRAMS

NAME ___________________________ MAJOR __________________________ ID # __________________________

Field of study while abroad: Physics

Country and program: _____________________

Prerequisites:

Completed Mathematics 5A (2A) ___ Quarter/Year ________ OR Transfer Course _______________ OR Advanced Placement: AB/Exam Score _____ BC/Exam Score______

Completed Mathematics 5B (2B) ___ Quarter/Year ________ OR Transfer Course _______________ OR Advanced Placement: BC/Exam Score____

OR

Enrolled in Math 5A (2A) Quarter/Year __________ Enrolled in Math 5B (2B) Quarter/Year __________

IMPORTANT ENROLLMENT POLICY FOR EAP SUMMER PHYSICS PROGRAMS:

- Bio Sci students must complete the mathematics requirement: Math 5A and Math 5B with minimum grades of C.
- Pharm Sci students must complete the mathematics requirement: either Math 5A and Math 5B OR 2A and 2B 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/fee and does not meet the Math 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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</thead>
<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 and Pharmaceutical Sciences majors.</td>
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</tbody>
</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.

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.

Student's Signature __________________________ Date ______

Counselor's Signature __________________________ Date ______

UCI BioSci
School of Pharmacy & Pharmaceutical Sciences

Revised: 2022