## **UCI'S UCEAP ACADEMIC PLANNING FORM: NURSING MAJORS**

## All Nursing majors must meet with an academic advisor for academic approval prior to submitting the UCEAP application.

NAMESi	tudent ID #		UCI Email		
FIELD OF STUDYWHILE ABROAD					
COUNTRY &UNIVERSITY/PROGRAM					
I intend to do the following while on EAP (check all that apply):  ☐ Take courses that will count toward major requirements ☐ Take courses that will count toward GE requirements ☐ Take courses related to my major for my personal enrichment			Take courses that will count toward minor requirements		
<ul> <li>List below the TITLES of courses in which y</li> <li>For GE course equivalencies, provide course</li> <li>For major course equivalencies, email UC</li> <li>For assistance finding course descriptions</li> </ul>	rse description(s EAP course syll	s) to t abi to	he Nursing Academic Advisors. o nssao@uci.edu.	er.	
UCEAP Course Title		UC	Course Credit	Syllabus Approved?	Date of Approval
				Approveu:	Дрргочаг
*****************	*******	****	***********	*******	*****
STUDENT		ADVISOR			
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.		I have advised the student on how the above-listed courses will count toward his/her UCI degree requirements.			
Student Signature	Date	7	Advisor Signature		Date