UCI'S UCEAP ACADEMIC PLANNING FORM: PHARM SCI MAJORS

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

NAME	Student ID #	UCI Email	
FIELD OF STUDY WHILE ABROAD			
COUNTRY & UNIVERSITY/PROGRAM			
I intend to do the following while on EAI	P (check all that apply)	:	
_ Take courses that will count toward m	ajor requirements.	_ Take courses for personal enrichment ONLY.	
_ Take courses that will count toward m	ninor requirements.	_ Take courses related to my major for my personal enrichn	nent.
_ Take courses that will count toward G	E requirements.	_ Other, please explain.	
• For course descriptions, see a staff ad	equivalencies, provide	e course description(s) to your Pharm Sci Academic Counselo oad Center.	ır.
UCEAP Course Title		UCI School or Department Comments	
		.,	
I am aware that course offerings at the h	ist my courses najor department EAP courses fulfill s will be done upon	Name of Pharm Sci Counselor	
fluctuate and it may be necessary to ad accordingly. Also, I understand that my		School/Department	
possesses final authority as to which Udegree requirements. All final evaluation		E-mail Address	
return by petition with course syllabi and documentation.			
documentation.		Phone #Fax #	
Student's Signature Date	te	Academic Counselor's Signature Date	