UCEAP UCI ACADEMIC PLANNING FORM
PHYSICS SUMMER PROGRAM
(Australia, Cyprus, Ireland, Spain, UK-English, UK-Scotland)

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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<td>- Courses must be calculus-based</td>
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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 __________________________

Revised: 10/2019 Biological Sciences