UCEAP UCI ACADEMIC PLANNING FORM
PHYSICS SUMMER PROGRAM
UNIVERSITY OF SUSSEX • UNIVERSITY COLLEGE DUBLIN • UNIVERSITY OF GLASGOW

NAME __________________________ MAJOR __________________________ ID # __________________________

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

Country/program:  United Kingdom, University of Sussex • Ireland, University College Dublin • Scotland, University of Glasgow

☐ Take courses that will count toward major requirements.

Prerequisites:
Completed Mathematics 2A____ Quarter/Year __________ OR  Transfer Course _________________
OR Advanced Placement: AB/Exam Score______BC/Exam Score______

Completed Mathematics 2B____ Quarter/Year _______ OR  Transfer Course _________________
OR Advanced Placement: BC/Exam Score____

OR
Enrolled in Math. 2A/Quarter/Year _________________   Enrolled in Math. 2B/Quarter/Year _________________

IMPORTANT ENROLLMENT POLICY FOR EAP SUMMER PHYSICS PROGRAMS:
• Students must complete the mathematics requirement: Math 2A and Math 2B with minimum grades of C, and no repeats of these courses.
• 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 2A and MATH 2B 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>UCEAP 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 for School of Biological Sciences majors and Pharm Sci 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 UCEAP by my Academic Counselor.

Name of Academic Counselor __________________________

School/Department __________________________

E-mail Address __________________________

Phone #(949) 824-4697 Fax # __________________________

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: 011/17/14 Biological Sciences