ACADEMIC PLANNING FORM: Arts Majors  
EDUCATION ABROAD PROGRAM - UC IRVINE  
All Arts majors must meet with an academic counselor for program approval

NAME _____________________________ Student ID # ___________________ UCI Email _____________________

FIELD OF STUDY WHILE ABROAD ______________________________________________________________

COUNTRY & UNIVERSITY/PROGRAM
(i.e. England, University of Sussex, Summer Program)

I intend to do the following while on EAP (check all that apply):

☐ Take courses that will count toward major requirements.  ☐ Take courses for personal enrichment ONLY.

☐ Take courses that will count toward minor requirements.  ☐ Take courses related to my major for my personal enrichment.

☐ Take courses that will count toward GE requirements.  ☐ Other, please explain.

List below the TITLES of courses in which you wish to enroll while on EAP.
• For Arts course equivalencies, provide course description(s) to your Arts Academic Counselor.
• For minor or General Education equivalencies, provide course description(s) to your Arts Academic Counselor
• For course descriptions, see a staff in the Center for International Education as needed, for assistance.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>UCI School or Department Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that course offerings at the host institutions fluctuate and it may be necessary to adjust my courses accordingly. Also, I understand that my major department possesses final authority as to which EAP courses fulfill degree requirements. All final evaluations will be done upon return by petition with course syllabi and/or supporting documentation.

Name of Counselor__________________________
School/Department__________________________
E-mail Address____________________________
Phone # __________________ Fax # ____________

Student’s Signature __________________ Date __________________

Academic Counselor’s Signature __________________ Date __________________

Once the Arts Academic Counselor has approved the form, submit it to CIE with EAP Application.