ACADEMIC PLANNING FORM: Pharmaceutical Sciences Majors
EDUCATION ABROAD PROGRAM - UC IRVINE

All Pharmaceutical Sciences 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 major, minor or General Education equivalencies, provide course description(s) to your Pharmaceutical Sciences Academic Counselor.
• For course descriptions, see a staff in the Center for International Education as needed, for assistance.

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<th>Course Title</th>
<th>UCI School or Department Comments</th>
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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 Pharmaceutical Sciences Academic Counselor has approved the form, submit it to CIE with EAP Application.