ACADEMIC PLANNING FORM: Pharmaceutical Sciences Majors
EDUCATION ABROAD PROGRAM - UC IRVINE
UNIVERSITY OF SUSSEX – PHYSICS SUMMER PROGRAM
All Pharmaceutical Sciences majors must meet with an academic counselor for program approval

NAME ___________________ MAJOR ___________________ ID # ___________________

FIELD OF STUDY WHILE ABROAD: PHYSICS, SUMMER PROGRAM YEAR ________________

COUNTRY & UNIVERSITY/PROGRAM: UNITED KINGDOM, UNIVERSITY OF SUSSEX

☐ Take courses that will count toward major requirements.

Prerequisites:
Completed Math 2A ______ Quarter/Year ________ OR Transfer Course ________________
OR Advanced Placement: AB/Exam Score _______ BC/Exam Score _______

Completed Math 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/SUSSEX SUMMER PHYSICS PROGRAM:

- Students who do not meet the mathematics requirement of 2A and 2B with passing grades, cannot continue
  enrollment/participation in the physics summer program.
- IF the student paid program deposit/fees, and does not meet the MATH 2A and MATH 2B requirement, there is the
  possibility 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>MUST TAKE CALCULUS BASED PHYSICS</td>
<td>FULFILLS 1 YEAR PHYSICS REQUIREMENT FOR PHARMACEUTICAL SCIENCES DEGREE</td>
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<tr>
<td>PHYSICS 12 AND 13 COURSES</td>
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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 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 # ______________________ 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 ________________

Academic Counselor’s Signature __________ Date ________________

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