This form is an enterable PDF. Click next to Name to begin text entry and tab through fields. Fields with down arrows have a pull-down list.

UCSC Academic Planning Form

Name: Bob FROSH Student ID _____ Date: ____ ____ _____

Phone: _____ Email: _____@ucsc.edu College: _____ Major(s)/Minor(s): Cog Science

This Academic Planning Form is being completed for the following purpose:

CLEAR PRINT

☐ Required as part of the declaration of major process ☐ General Academic Planning

☐ For students' own use (no signature required) ☐ Other: _____

Consider As You Plan:

- Major/minor requirements (Questions? Ask your major/program adviser.)
- General education, 180 credit, university and college requirements (Questions? Ask your college academic adviser or preceptor.)
- Courses and programs to meet your educational goals
- All requests for extensions/adjustments to your expected graduation term (EGT) must be reviewed by your college. A maximum of 5 academic years (or equivalent) is allowed. See *http://advising.ucsc.edu/student/declaration* for information on requesting an adjusted EGT.

	Fall	Winter	Spring	Summer
20 12 -20 13		Programming	Psyc 20 Math 3	
20 13 -20 14	Math 11A	Psyc 2	Psyc 100	
20 14 -20 15	UD Psyc Core Interdisciplinary	UD Psyc Core Interdisciplinary	UD Psyc Core Interdisciplinary	
20 15 -20 16	UD Psyc Elec Interdisciplinary	UD Psyc (seminar)	UD Psyc Elec	
20 ___ -20 ___				

Student signature: _____ **Date:** _____

Notes:

Notes:

Office Use Only:

Major 1:
Senior Comprehensive Requirement: _____
AIS EGT: _____ ☐ Extension/Adjustment Needed to: _____

Adviser, Major 1: _____ Date: _____
Major adviser signatures do not verify GE, credit or university req'ts.

Major 2/Minor:
Senior Comprehensive Requirement: _____
AIS EGT: _____ ☐ Extension/Adjustment Needed to: _____

Adviser, Major 2/Minor: _____ Date: _____
Major adviser signatures do not verify GE, credit or university req'ts.

Approval for adjusted EGT by College Adviser: _____ **Date:** _____ ☐ **AIS EGT Adjusted. New EGT:** _____