

UCSC Academic Planning Form

Name: _____ Student ID Date: ___/___/___

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

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

- Required in declaration of major process General Academic Planning Readmission for _____ term
 For students' own use (no signature required) Other: _____

Notes:
Notes:

Consider As You Plan:	
<ul style="list-style-type: none"> • 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. • Since requests are not approved in advance, no upcoming term in plan should include >19 credits. 	

	Fall	Winter	Spring	Summer
20 __ -20 __ 1st Year				
20 __ -20 __ 2nd Year				
20 __ -20 __				
20 __ -20 __				
20 __ -20 __				

Student signature: _____ Date: _____

Office Use Only:	Major 1: Senior Comprehensive Requirement: _____ Catalog Requirement Term: _____ DC Requirement: _____ <input type="checkbox"/> N/A (pre-F09 catalog) AIS EGT: _____ <input type="checkbox"/> Extension/Adjustment Needed to: _____ Adviser, Major 1: _____ Date: _____ <i>Major adviser signatures do not verify GE, credit or university requirements.</i>
	Major 2/Minor: Senior Comprehensive Requirement: _____ Catalog Requirement Term: _____ DC Requirement: _____ <input type="checkbox"/> N/A (pre-F09 catalog) AIS EGT: _____ <input type="checkbox"/> Extension/Adjustment Needed to: _____ Adviser, Major 2/Minor: _____ Date: _____ <i>Major adviser signatures do not verify GE, credit or university requirements.</i>
	Approval for adjusted EGT by College Adviser: _____ Date: _____ <input type="checkbox"/> AIS EGT Adjusted. New EGT: _____

Office Use Only:	Major 1: Senior Comprehensive Requirement: _____ Catalog Requirement Term: _____ DC Requirement: _____ <input type="checkbox"/> N/A (pre-F09 catalog) AIS EGT: _____ <input type="checkbox"/> Extension/Adjustment Needed to: _____ Adviser, Major 1: _____ Date: _____ <i>Major adviser signatures do not verify GE, credit or university requirements.</i>
	Major 2/Minor: Senior Comprehensive Requirement: _____ Catalog Requirement Term: _____ DC Requirement: _____ <input type="checkbox"/> N/A (pre-F09 catalog) AIS EGT: _____ <input type="checkbox"/> Extension/Adjustment Needed to: _____ Adviser, Major 2/Minor: _____ Date: _____ <i>Major adviser signatures do not verify GE, credit or university requirements.</i>
	Approval for adjusted EGT by College Adviser: _____ Date: _____ <input type="checkbox"/> AIS EGT Adjusted. New EGT: _____