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.

CLEAR PRINT

# UCSC Academic Planning Form

Name: Winter Transfer Student - Study Abroad Sample Plan 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: _____

## 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.
- Since requests are not approved in advance, no upcoming term in plan should include >19 credits.

| | Fall | Winter | Spring | Summer |
|---|---|---|---|---|
| 20 ___ -20 ___ 1st Year | | *SOCY 3B<br>SOCY 105A (DC) | SOCY 105B (DC)<br>SOCY UD Elective 1 | |
| 20 ___ -20 ___ 2nd Year | *SOCY 3A<br>SOCY UD Elective 2 | **Study Abroad<br>SOCY UD Elective 3 | **Study Abroad<br>SOCY UD Elective 4 | |
| 20 ___ -20___ | SOCY 196S Seminar<br>SOCY UD Elective 5 | | | |
| 20 ___ -20 ___ | | | | |
| 20 ___ -20 ___ | | | | |

**Student signature:** _____ **Date:** _____

**Notes:**

Sociology BA Winter Transfer - Studying Abroad Winter/Spring (Semester Program) of Senior Year

It is assumed you have completed two courses from SOCY 1, 10, or 15. If not, add them.

**Notes:**

*If you have completed SOCY 3A and/or 3B, please adjust this plan.

**Up to two study abroad courses may be petitioned to satisfy SOCY upper division elective requirements. For details see: https://tinyurl.com/y76a5gjy

**Office Use Only:**

***Major 1:***

Senior Comprehensive Requirement: _____

Catalog Requirement Term: _____

DC Requirement: _____ ☐ N/A (pre-F09 catalog)

AIS EGT: _____ ☐ Extension/Adjustment Needed to: _____

Adviser, Major 1: _____ Date: _____

***Major adviser signatures do not verify GE, credit or university requirements.***

***Major 2/Minor:***

Senior Comprehensive Requirement: _____

Catalog Requirement Term: _____

DC Requirement: _____ ☐ N/A (pre-F09 catalog)

AIS EGT: _____ ☐ Extension/Adjustment Needed to: _____

Adviser, Major 2/Minor: _____ Date: _____

***Major adviser signatures do not verify GE, credit or university requirements.***

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

revised 12/2016