

**i<sup>2</sup>URP**  
**Supplemental Application**  
**Academic Plan**

Name:	Major:
Address:	
Phone:	Student ID:
E-mail:	Expected Graduation Term/Year:
Faculty Mentor:	
Faculty Mentor E-mail:	

**Junior & Senior Year Academic Plan:** Please list courses you are taking and plan to take and the total units for each term.

FALL 2016	WINTER 2017	SPRING 2017	SUMMER 2017
TOTAL UNITS:	TOTAL UNITS:	TOTAL UNITS:	TOTAL UNITS:

Estimate your cumulated units at the end of Spring Quarter 2017: (Do not include AP units)

FALL 2017	WINTER 2018	SPRING 2018
TOTAL UNITS:	TOTAL UNITS:	TOTAL UNITS:

Estimate your cumulated units at the end of Spring Quarter 2018: (Do not include AP units)

Departmental Counselor Signature:

Print Counselor Name:

Department: