

i²URP
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 2017	WINTER 2018	SPRING 2018	SUMMER 2018
TOTAL UNITS:	TOTAL UNITS:	TOTAL UNITS:	TOTAL UNITS:

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

FALL 2018	WINTER 2019	SPRING 2019
TOTAL UNITS:	TOTAL UNITS:	TOTAL UNITS:

Estimate your cumulated units at the end of Spring Quarter 2019: (Do not include AP units)

Departmental Counselor Signature:

Print Counselor Name:

Department: