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STUDENT REQUEST:

Student Name: _____ UC- ID #: _____

Planned Graduation Date: Month ____ Year ____ Major: _____

Program for which approval is requested:

☐ INTERNATIONAL RESCUE AND RELIEF ☐ GENERAL STUDIES ☐ BIOMEDICAL SCIENCE

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CLASSES FOR THE Supporting Area:

COURSE NUMBER	TITLE	SEMESTER HOURS	GRADE
TOTAL HOURS:			

* I have confirmed, using the bulletin and my academic plan, that the above courses are **not** required in some other capacity for my major.

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SIGNATURES:

Student Print: _____ Signature: _____ Date: _____

Advisor Print: _____ Signature: _____ Date: _____

Program Dir. Print: _____ Signature: _____ Date: _____

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Records Only:

Completed By: _____ Date: _____