

Student Name _____ UC- ID _____

Planned Graduation Date: Month _____ Year _____ Major: _____

Program for which approval is requested:

☐ **INTERNATIONAL RESCUE AND RELIEF *** ☐ **OTHER** _____

☐ **BIOMEDICAL SCIENCE SUPPORTING AREA ***

Classes for the individualized program:

| COURSE NUMBER | TITLE | SEMESTER HOURS | GRADE |
|------------------|-------|-------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Student: _____ Date _____

Advisor: _____ Date _____

Major Division Chair: _____ Date _____

Return completed and signed form to the Records Office