UNIVERSITY OF CALIFORNIA, BERKELEY
COLLEGE OF CHEMISTRY

UNDERGRADUATE AFFAIRS OFFICE
420 LATIMER HALL

PLANNED CLASS SCHEDULE for: _____ _____
Semester (Fall/Spring) **Year**

_____ _____ Mr./Ms.
SID Number Family Name First Name Middle Name(s)

_____ _____ _____
Email address College Major Expected date of graduation

If you do NOT wish your addresses ☐ and/or phone numbers ☐ to be released to anyone, check the appropriate boxes.

Local Address: _____
Number and Street City State Zip Code Phone Number

Permanent Address: _____
Number and Street City State Zip Code Phone Number

Parent / Guardian Name: _____

Address: _____
Number and Street City State Zip Code Phone Number

In the Permanent Address section, list the address where you will be living between semesters and during the summer, unless you will graduate at the end of the term. In the Parent / Guardian section, if the address of your parent or guardian is the same as your permanent address, write "SAME".

*	P/NP	Specific Course or Elective Group	Units	O

* Check here if repeat

Total Units

	For Official Use Only	

Minimum/Maximum Units Approved

Reason Code

I will enroll in the courses and electives listed above.
If I decide to make any changes, I will contact my staff advisor for approval. I understand that failure to obtain my staff advisor's approval for changes can result in disciplinary action.

Student's Signature: _____

Date: _____

_____
Staff Advisor's Signature Date

Advisor Code (AC): _____

_____
Other Signature (if required) Date

Notes:

For Official Use Only

AP & Transfer _____

Completed UCB _____

Current Term _____

TOTAL _____