

PROGRAM PLANNING FORM

Name: _____ SID: _____
 Last First Middle

Major(s): _____ Concentration: _____ Minor(s): _____

Beginning with the current term indicate all courses you plan to take, including those needed to complete major(s), college, and University requirements. A **minimum of 13 units** must be listed for each semester unless you are approved for a reduced course load by your College of Chemistry staff adviser.

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Any changes to the plan must be reported to your staff adviser in 121 Gilman Hall. Note: Additional time to complete the degree is not granted to students who fail to follow their planned program. My signature acknowledges my understanding of, and agreement to, follow the above.

 SIGNATURE Date