

# Campuswide Honors Program

## Proposed Academic Course Plan

*For CHP use only*  
 Processed by: \_\_\_\_\_

Name: \_\_\_\_\_  
 Major(s): \_\_\_\_\_  
 Minor(s): \_\_\_\_\_  
 Intended Date of graduation: \_\_\_\_\_  
*(Quarter, Year)*

Student ID#: \_\_\_\_\_  
 Concentration: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_  
 Number of AP Credits: \_\_\_\_\_

	Fall	units	Winter	units	Spring	units	Summer	units
20__-20__								
	TOTAL		TOTAL		TOTAL		TOTAL	
Goals								
	Fall	units	Winter	units	Spring	units	Summer	units
20__-20__								
	TOTAL		TOTAL		TOTAL		TOTAL	
Goals								
	Fall	units	Winter	units	Spring	units	Summer	units
20__-20__								
	TOTAL		TOTAL		TOTAL		TOTAL	
Goals								

	Fall	units	Winter	units	Spring	units	Summer	units
20__-20__								
	TOTAL		TOTAL		TOTAL		TOTAL	
Goals								
	Fall	units	Winter	units	Spring	units	Summer	units
20__-20__								
	TOTAL		TOTAL		TOTAL		TOTAL	
Goals								

**Do you plan to (check all that apply):**

- |                                                                                                                                 |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Participate in a school/departmental honors program                                                    | <input type="checkbox"/> Study abroad ( <a href="http://www.studyabroad.uci.edu">www.studyabroad.uci.edu</a> )                         |
| <input type="checkbox"/> Apply for a prestigious scholarship ( <a href="http://www.scholars.uci.edu">www.scholars.uci.edu</a> ) | <input type="checkbox"/> Participate in Capitol Internship Program ( <a href="http://uccs.ucdavis.edu/">http://uccs.ucdavis.edu/</a> ) |
|                                                                                                                                 | <input type="checkbox"/> Attend a post-graduate program (PhD, MD, MS, etc.)                                                            |

**Questions for your Advisor or Additional Comments (extracurricular plans, internships, long-term goals etc.):**

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**Student acknowledgements:** If I make any changes to this approved course plan, I understand that I am expected to file an updated course plan with the CHP and/or have a petition approved by the CHP faculty director in a timely manner. I also acknowledge that this course plan is to be used for informational purposes only, that academic requirements may change, that it is my responsibility to check with my major advisor on a regular basis to confirm progress toward degree completion, and that my major advisor's signature below simply indicates that we've met about this course plan.

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature (Major Advisor)

\_\_\_\_\_  
DATE