



UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM
**Graduate or Professional Student Agreement [GSAG]
 and Academic Planning Form
 2009-2010**

(Attach separate sheets as necessary)

_____/_____/_____
 Student name UC campus Country / EAP program name / Year

Student must complete sections 1-5 and agrees to the following:

1. Summarize the study plan and attach a sheet detailing the specific academic activities, including their location, to be pursued while enrolled in EAP; also list any pertinent non-academic activities. Please indicate what, if any, advisory support is expected or required of the Study Center Director or Liaison. The attachment must be typed.

2. Please note all course registration and grades must come through EAP. List anticipated courses (if any):

| | Host Department | Course Number | Host Department Course Title |
|---|-----------------|---------------|------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

3. Name of UC faculty graduate advisor or dissertation committee chair during participation on EAP:

Email address: _____ Telephone: _____

Note: All grades, whether assigned by a home UC campus faculty advisor, a host university professor, or the Study Center Director or Liaison, are reported through EAP.

4. It is understood that any significant deviations from the stated study plan in Item 1 must be approved in advance by EAP (Study Center and UOEAP). Absences of more than one week (e.g., field research, conferences) from the Study Center or from classes must be approved in advance by the Study Center Director or Liaison if not part of the study plan.

5. I agree to execute my obligations under this Agreement in good faith and with due respect for the policies, administrative processes, program structures, and limitations of EAP, UC, and the host university(s) to be involved.

 Student's Signature Date

(Continued on next page)

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_____ / _____ / _____
 Student name UC campus Country / EAP program name / Year

The UC Graduate Advisor must complete questions 1-3 below.

Note: Students who have completed fewer than three quarters or two semesters of academic work in residence on a UC campus by the time of EAP participation, must petition their home campus for a waiver of the residence rule for graduate students.

The undersigned agree to these conditions of enrollment:

1. If the program is a full academic year, what is the minimum number of units required for student to maintain full-time status and comply with departmental, graduate school, and/or financial aid requirements?

_____ minimum quarter units OR semester units **per year**.

If the program is less than an academic year, what is the minimum number of units required during the EAP program?

_____ minimum quarter units OR semester units **during the program**.

2. Indicate which study options are approved for this student by the home department: (check appropriate boxes)

- a. Student may enroll in all regular course work (research work is not required).
- b. Student may enroll in thesis or dissertation research alone (regular course work is not required).
- c. Student may enroll in a combination of thesis or dissertation research and regular course work for unit credit.
- d. Student may enroll in lower-division course work (e.g., language courses).
(refer to list of student's anticipated courses as appropriate)

3. Indicate grading options and unit limitations for the following types of courses during the student's program abroad:

| | Number of Units | Letter Grade Only | Letter or S/U | S/U Only |
|---|-----------------|--------------------------|--------------------------|--------------------------|
| a. Maximum undergraduate units: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Minimum graduate units: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Maximum thesis or dissertation research units: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPROVED AND ACCEPTED BY:

 Graduate Advisor or Dissertation Committee Chair Print Name Date _____

 Dean or Assistant Dean, Graduate Division Print Name Date _____

 Universitywide Office of EAP* Print Name Date _____

 Study Center Director/Liaison* Print Name Date _____

** For UOEAP and/or Study Center: indicate limitations (if any) on the assistance that can be expected from the EAP Study Center Director or Liaison, UOEAP, the host university, and others involved in this program. Attach a separate page if needed.*

(Send original to Study Center; File signed copy with UOEAP student file; give copy to Academic Specialist; send copy to campus EAP office.)