NAME: __________________________ Email Address: __________________________
(Print legibly!)

THIS SEMESTER: Number of units you are taking? _________

Semester Schedule:

<table>
<thead>
<tr>
<th>Course</th>
<th>Major Acronym and Number</th>
<th>Units</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSc 191-01</td>
<td>CSc 191-01</td>
<td>2</td>
<td>Th</td>
<td>8:00</td>
<td>8:50</td>
<td></td>
</tr>
<tr>
<td>CSc 191-04</td>
<td>CSc 191-04</td>
<td>2</td>
<td>Th</td>
<td>9:00</td>
<td>9:50</td>
<td></td>
</tr>
</tbody>
</table>

Do you plan on WORKING this semester?
Yes ☐ No ☐ If “Yes”, estimate average hours per week? _________

GRADUATION: Expected graduation date (Semester and Year):
Fall 2017
Other

Summer reading? Book(s) you would recommend:

Plans following graduation?