

UCI Program in Public Health - Academic Plan

Name: _____ Email: _____ Major(s): _____

Student Id: _____ Minor(s): _____

Academic Year	Fall	Units	Winter	Units	Spring	Units	Summer	Units
	Total:		Total:		Total:		Total:	

Academic Year	Fall	Units	Winter	Units	Spring	Units	Summer	Units
	Total:		Total:		Total:		Total:	

Academic Year	Fall	Units	Winter	Units	Spring	Units	Summer	Units
	Total:		Total:		Total:		Total:	

Academic Year	Fall	Units	Winter	Units	Spring	Units	Summer	Units
	Total:		Total:		Total:		Total:	