

Campus Exchange Course Plan

STUDENT INFORMATION

Student Andrew ID: _____ OR Student ID Card Number: _____

Student name: _____
Last/Family First

Major: _____

Minor (if applicable): _____

Intended Semester of Campus Exchange (please mention the year of study corresponding to your choice):

- Fall _____
- Spring _____
- Summer _____

COURSE INFORMATION

Course Title	Course number/section	Core or Elective	Units
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
Alternate Choices (if any)			
6 _____	_____	_____	_____
7 _____	_____	_____	_____

Notes/Comments

Student's Signature _____ Date _____

Advisor _____ Signature _____ Date _____

Associate Dean
for Education _____ Signature _____ Date _____