

DEPARTMENT OF MATHEMATICS
University of California, Berkeley
UNDERGRADUATE MAJOR: COURSE APPROVAL FORM

NAME: _____ SID# _____ ADVISOR: _____
 Last, First

LOCAL ADDRESS: _____
 Number Street Apt # City, State Zip Code

PERMANENT ADDRESS: _____
 Number Street Apt # City, State Zip Code

E-MAIL: _____ LOCAL PHONE #: _____ MAJOR: MATH _____ APPLIED MATH _____

• At the end of which semester do you expect to graduate? _____ (e.g., Semester/Year)

PROPOSED SCHEDULE OF CLASSES

In consultation with your Faculty Advisor, please fill out your study list for the current or for the upcoming semester. Your faculty Advisor should sign and date his/her approval of your semester's schedule.

FALL/SPRING 20__

COURSE(S)	UNITS	INSTRUCTOR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

FACULTY ADVISOR'S SIGNATURE DATE

MAJOR ELECTIVES or COURSE SUBSTITUTION(S)

Please list the courses which you have taken, are currently taking or plan to take to satisfy your Major Elective Requirements. We will request that you see your faculty advisor if you'd like to use courses which aren't on the pre-approved lists of electives for your major.

• PURE MATH	OR	• APPLIED MATH	FACULTY ADVISOR'S SIGNATURE for Approval	DATE
1. _____		1. _____	1. _____	
2. _____		2. _____	2. _____	
		3. _____	3. _____	

Name of Applied Math Cluster:
