Petition for Major Substitution of Education Abroad Program Courses

Name _______________________________ Phone __________________ Per# __________________

Last ___________________ First ___________________ Middle ___________________

U-Mail __________________ Country and Study Center ___________________

Major to which substitution is to apply ___________________ Expected Date of Graduation ___________________

**Academic Residence**: EAP work does not apply to academic residence requirements. Academic Residence Requirements are:

- Complete 27 upper-division units, including 20 in the upper-division major, in residence at UCSB.
- Complete senior residence at UCSB - normally, 35 of your final 45 units. However, if you participate in EAP as a senior, you may fulfill senior residence with 35 of your final 90 units and graduate without returning to UCSB, provided you fulfill all degree requirements by the end of your term abroad. **If you have not completed 35 of your final 45 units in residence at UCSB, and you have not fulfilled all degree requirements at the end of your term abroad, you must return to UCSB to complete at least 12 additional units in residence.**

**Directions**: List EAP courses that you wish to count in the upper-division major or in preparation for the major. **If you wish to apply EAP work toward General Education Program Requirements, please use a General Education Requirements Petition.**

### MAJOR SUBSTITUTIONS

<table>
<thead>
<tr>
<th>Department</th>
<th>Course # as assigned by UC, not the host campus</th>
<th>Course Title</th>
<th>Units Earned</th>
<th>Specify Substitution</th>
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<td>For a particular course, note the UCSB course; for a particular area, indicate the area; or note UD elective.</td>
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**STUDENT’S SIGNATURE** ___________________________________________ **DATE** _______________

**Department Recommendation:**

☐ Approved ☐ Approved with conditions ☐ Denied

Comments from Chair/Faculty Advisor: __________________________________________

**Final Action by Dean of Undergraduate Studies:**

☐ Approved ☐ Approved with conditions ☐ Denied

Comments from Dean of Undergraduate Studies: __________________________________________

Department Chair/Faculty Advisor __________________ Date __________________

Dean of Undergraduate Studies __________________ Date __________________

A self-addressed, stamped envelope must accompany this petition.