



Full Name: \_\_\_\_\_ Major: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Length of study:**

Fall

Spring

Year

**Please list your course choices in order of preference,** and be certain that you have these courses pre-approved by your home university.

	<b>Course Title</b>	<b>Course Code</b>	<b>Term</b>	<b>Credits</b>	<b>Department</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

I have read the enclosed information regarding studying at the College of Life Sciences at UCD and understand that I will be taking the majority of my courses in department I apply to. I also understand that I will be contacted by that department to arrange my courses at a later date, prior to my arrival at UCD.

Signature of student: \_\_\_\_\_

**\*Please retain a copy of this form for your records.**