MATHEMATICS MAJOR CONCENTRATION/SPECIALIZATION APPLICATION FORM

Date			
Last Name	First Name	MI	_
Student ID#	UCI Email Address _		_
Overall UCI GPA	Math Major GPA		_
Number of Quarter Units Comple	eted		
Class Level (Check One) □ Fres	shman 🗆 Sophomore	□ Junior □ Senior	
Expected Graduation Date (Qua	rter/Year)	_	
Check One Concentration	/Specialization:		
 □ Concentration in Mathema Certification. Advisors: Professor Zhiqin Lu (R Professor Alessandra 	:H 410D, zlu@uci.edu)	-	ning
□ Specialization in Applied (Advisor: Professor Hongkai Zhao	•		
□ Specialization in Mathema Advisor: Professor German Enci		ciso@uci.edu)	
□ Specialization in Mathema Advisors: Professor Zhiqin Lu (F Professor Alessandra			
Fill out both sides of the ap respective concentration/sp	-	•	

and return the completed application to the Physical Sciences Student Affairs Office (Rowland Hall 134).

INTERVIEW				
Name				
In the left column, list all the courses you have taken thus far towards fulfilling the concentration/specialization requirements and the grades you received in those classes (classes towards GE/Writing requirements need not be listed). On the right, list all the classes that you need to take to fulfill the remaining requirements. If your concentration/specialization requires approval of additional courses, come prepared to discuss options with the advisor.				
Courses Completed	Courses Planned			
Advisor Comments (For Applied Math, list approved extra courses here):				
Advisor Signature Date	Student Signature Date			