

Application Date

UC Irvine Department of Education  
MINOR IN EDUCATIONAL STUDIES  
Statement of Intent to Enroll  
2005-2006

<b>Completion Date:</b>	Form Sent: Yes No
<b>Graduation Date:</b>	Minor Posted: Yes No

Please Print

_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>

<b>Student ID#</b>	_____
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<b>Mailing Address</b>	(Use until: _____)	<b>Permanent address</b>
Street Address _____		Street Address _____
City and State, Zip _____		City and State, Zip _____
Campus phone _____		Permanent Phone _____
E-mail _____		

Undergraduate major(s) \_\_\_\_\_ minor(s) \_\_\_\_\_  
 Overall UCI GPA \_\_\_\_\_ Teaching Emphasis \_\_\_\_\_

Class level (check one):  
 Freshman     Sophomore     Junior     Senior    Total quarter units completed \_\_\_\_\_

**Requirements for the Minor in Education**

List all courses you have taken that fulfill requirements for the Minor in Education Studies. Indicate the year, quarter and grade for each course listed below. **PLEASE ATTACH A STUDENT COPY OF YOUR TRANSCRIPTS.**

AREA	COURSE #	COURSE TITLE	YEAR & QUARTER	GRADE
AREA I:	Ed 50			
AREA II:	Ed 173 or			
	Ed 176			
AREA III:				
Fieldwork				
AREA IV:				
ELECTIVES:				

Student Signature/Date \_\_\_\_\_

Submit to: Sarah Singh  
Credentialed & Ed. Minor Counselor  
UC Irvine Dept of Education  
2000 Berkeley Place  
Irvine, CA 92697-5500  
(949) 824-6673

_____
<b>Completion Date</b>

<b>Department of Education Review:</b>	
Faculty Advisor: Tim Tift	
_____	_____
<b>Signature</b>	<b>Date</b>