

Name: \_\_\_\_\_ SID: \_\_\_\_\_ Date: \_\_\_\_\_

Cluster: \_\_\_\_\_ Intended 2<sup>nd</sup> Major/Minor: \_\_\_\_\_

**Attach unofficial copies of transcripts showing courses used for the major—Bearfacts print-out and photocopies ok.**

UCB COURSES ALREADY TAKEN: List all math major required courses completed at UC Berkeley.

UCB COURSES AHEAD TAKEN: List all main major required courses completed at UC Berkeley.				
COURSE	SEM/YR TAKEN	INSTRUCTOR	GRADE	UNITS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

EQUIVALENCY DETERMINATION OF NON-UCB COURSES: List all other math major required courses taken at other colleges or universities. If applicable, list AP exam (AB or BC) and score received.

Course Number	Course Title	College/State	Grade	Units	Semester
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Application for Major in  
Mathematics/Applied Mathematics  
(Page 2)

LAST NAME

FIRST NAME

MIDDLE NAME

SEX: M \_\_\_\_\_ F \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

CLASS LEVEL (1-5)

TRANSFERRED FROM *(If applicable)*

**PLANNED GRADUATION SEMESTER/YEAR**

**LOCAL ADDRESS/PHONE**

Phone: \_\_\_\_\_ UC E-Mail: \_\_\_\_\_

Street

City/State

Zip Code

**PERMANENT ADDRESS/PHONE**

Phone: \_\_\_\_\_ 2nd E-Mail: \_\_\_\_\_

Street

City/State (Country)

Zip Code