

# MARC-U\*STAR SCHOLAR ADVISEMENT PLAN

## California State University, Los Angeles

Name \_\_\_\_\_ S.I.D \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Research Director \_\_\_\_\_ Date of Entry to Program \_\_\_\_\_  
 Today's Date \_\_\_\_\_

B.S./B..A. Objective: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

A Program Plan update must be filed with the MARC-U\*STAR office whenever there is a change, and at least yearly (even if no change is noted). Please identify this as an

**Initial Program Plan**  or **Update of Program Plan**

Writing Proficiency Exam (WPE) Date (s) Taken: \_\_\_\_\_ Date Requirement Completed: \_\_\_\_\_

Year	Fall	Unit	Year	Winter	Units	Year	Spring	Units	Year	Summer	Unit
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Unit	Year	Winter	Units	Year	Spring	Units	Year	Summer	Unit
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Unit	Year	Winter	Units	Year	Spring	Units	Year	Summer	Unit
	Total Units			Total Units			Total Units			Total Units	

External Summer Research Experience  
 Dates \_\_\_\_\_  
 External Research Director \_\_\_\_\_

e-mail/phone number  
Institution

Honors Thesis:  
Title  
Thesis Defense Date