

Scripps Institution of Oceanography  
Guidance Committee Quarterly Meeting

Student: \_\_\_\_\_

Curricular Group: AOS  CS  PO  GP  GS  MCG  BO  MB/MCB

Quarter (of meeting): Fall  Winter  Spring

Proposed Courses (List course & # of units):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Please Provide a Summary of Meeting:

Committee:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_