

RESEARCH/INDEPENDENT STUDY PROPOSAL FORM

Please complete this form and return to PAS 266. This form is for department records. You are responsible for enrolling in the class. Check your semester dates and deadlines: when an instructor's signature is needed to add, a Registration/Change of Schedule Form should also be submitted to the Office of the Registrar, Administration Building, Room 210, to be officially enrolled. If you're unsure of what units to register for, check with your advisor or lab manager. Note that no more than half of the 36 required credit hours of graduate-level Physics courses may be taken as PHYS 599. After passing the Physics Oral Comprehensive Exam, students may enroll in PHYS 920, Dissertation.

Student Name:		Student ID #:		
Student Phone #:		Student E-mail:		
PHYS 920 (Dissertat	ion); Other	dent Study; PHYS 909 (————— he University and Board of R	(Master's Report); egents have set a standard of 45 hou	rs of
course work for each u	unit of credit awar	ded.)		
Semester:	Year:	Department:	Advisor:	
Estimated hours per Estimated Project Ad Description of projec	week Student wi dvisor/Student co et, including antic	ll spend on project: ontact hours per week: cipated product:		
SIGNATURES:				
STUDENT			DATE	
			DATE	
DIR. OF GRAD STU	DIES		DATE	