DEPARTMENT OF PHYSICS AND ASTRONOMY
Supervision Courses

Student Name __________________________ SJSU Id __________________________
Daytime Phone __________________________ Email ____________________________
Name of Faculty Advisor ___________________ Major __________________________

Enter the number of units for the appropriate course:

<table>
<thead>
<tr>
<th>Physics 180</th>
<th>Physics 184</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 to 4 units)</td>
<td>(1 to 4 units)</td>
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<table>
<thead>
<tr>
<th>Physics 298</th>
<th>Physics 299</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 to 4 units)</td>
<td>(1 to 4 units)</td>
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</table>

SUPERVISION COURSES ARE LIMITED TO MAJORS AND MINORS.
These courses are for advanced independent study and are not intended as substitutes for regularly offered courses. Faculty supervision is mandatory. Grading: Credit/No Credit.

Briefly describe the nature of the project as discussed with and approved by your faculty advisor.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

FACULTY ADVISOR SIGNATURE ______________________________ DATE ________________

DEPARTMENT CHAIR SIGNATURE ______________________________ DATE ________________

Once you have obtained the faculty advisor’s signature return the form to the Department Office (SCI 148) for processing.

Copy: Department
    Faculty Member
    Student