

Semester _____

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:

Physics 180 _____ **Physics 184** _____

(1 to 4 units)

(1 to 4 units)

Physics 298 _____ **Physics 299** _____

(1 to 4 units)

(1 to 4 units)

SEC # _____

CODE # _____

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