

Election of Major

Physics (36 hours)

2008-2009 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

✓ One Degree: ___BA ___BS

Required Courses

Do not write in shaded area

			Hours
<input type="checkbox"/>	PHYS 210	General Physics I	4.0
<input type="checkbox"/>	PHYS 220	General Physics II	4.0
<input type="checkbox"/>	PHYS 301	Electricity and Magnetism	3.0
<input type="checkbox"/>	PHYS 310	Modern Physics	3.0
<input type="checkbox"/>	PHYS 320	Analytical Mechanics (W)	3.0

Two courses selected from:

<input type="checkbox"/>	PHYS 410	Quantum Physics	3.0
<input type="checkbox"/>	PHYS 420	Advanced Electricity and Magnetism	3.0
<input type="checkbox"/>	PHYS 430	Advanced Topics in Mechanics	3.0

Two hours of laboratory courses from:

<input type="checkbox"/>	PHYS 301L	Electricity and Magnetism Laboratory	1.0
<input type="checkbox"/>	PHYS 310L	Modern Physics Laboratory	1.0
<input type="checkbox"/>	PHYS 320L	Mechanics Laboratory	1.0
<input type="checkbox"/>	PHYS 330L	Optical Physics Laboratory	1.0
<input type="checkbox"/>	PHYS 420L	Advanced Electricity and Magnetism Laboratory	1.0

Eleven hours of electives in physics:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements.

Student Signature _____ Date _____

Return this form to the Office of the Registrar