

# Election of Major

## Physics (34 hours)

2015-2016 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

Two hours selected 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 345L Advanced Physics Laboratory	2.0

Eighteen hours selected from: PHYS 241, 315, 320, 340, 410, 425, 432, 380/480, 385/485, 499

<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**