DEPARTMENT OF PHYSICS
INDEPENDENT STUDY CONTRACT

STUDENT'S NAME ________________________________ STUD#: _______

INSTRUCTOR'S FIRST/LAST NAME __________________________ MAJOR _______

QUARTER ______________________ YEAR ___________________ CREDIT _______

Independent Research Type: (Please Check One) Experimental ______ Theoretical ______

Project Title: _________________________________________________________________

WORK PLANNED: (Please describe your project in 25 words or less. Please print legibly)

METHOD OF EVALUATION:

STUDENT'S SIGNATURE ________________________________ DATE _______

INSTRUCTOR'S SIGNATURE ______________________________ DATE _______

FACULTY CODE _________ Faculty Net ID ___________________ DATE _______

NOTE: Enrollment in Physics 499 (CR/NC), requires a Faculty Code (Please contact your project supervisor to obtain the Faculty Code). After registering using the 5 digit Faculty Code, please return this form to Margot Nims, the Undergraduate Physics Advisor in C139A.

• If you need a grade for independent study you must first get permission from Professor Olmstead, our Undergraduate Faculty Advisor in RM C138