

STATEMENT OF WORK FOR INDEPENDENT STUDY OR RESEARCH

This form will serve as a record for the Physics Department, the Professor, and the Student, of information regarding the joint, independent work of the Student and Professor. PLEASE WRITE CLEARLY, thank you.

Semester: _____

Course Number (circle one):

Unique Number: _____

PHY 190

PHY 290

PHY 390

PHY 690

Student: _____

UT EID: _____

Supervisor: _____

TO BE FILLED OUT BY PROFESSOR OR STUDENT AND SIGNED BY BOTH.

Brief statement of work proposed: (initial objectives, some general tasks to be completed, etc.)

Student's Signature

Supervisor's Signature

Date: _____

Date: _____

Return completed form to the Graduate Coordinator in RLM 5.224 prior to registering for the class, a registration bar must be lifted before the system will allow you to add this class. That bar will be lifted by the Graduate Coordinator, if and only if, this form has been turned in signed.