

Departmental Honors in Physics

Form I -- Application/Nomination for Departmental Honors in Physics

Date: _____

Name: _____, _____, _____
 last first middle

Signature: _____

Class year: _____

List three faculty references (at least one should be from outside the Physics Department).

1. _____

2. _____

3. _____

What is your GPA in Physics and related areas? _____

What is your overall GPA? _____

List (with grades) the courses that you have taken in physics.

List (with grades) the courses that you have taken in related departments (chemistry, mathematics, etc.)

Please indicate why you wish to participate in the Departmental Honors Program in Physics.
(Please attach an additional sheet if necessary.)

Return to the chairperson of the Physics Department.

Departmental Honors in Physics

For Departmental Use

Accepted for Departmental Honors in Physics _____
Date

Notified of Acceptance _____
Date

Thesis topic _____

Thesis professor selected _____, _____
Name Date

Thesis Advisory Committee _____
Name

Name

Oral Defense _____
Date

Oral Presentation _____
Date and Location

Two copies (2) of thesis received by Physics Department Chairperson on _____
Date

Final grade for thesis research (Physics 499) _____
Grade

Registrar's Office notified of results _____
Date

One copy of thesis plus final evaluation sent to Honors Committee Chairperson by Physics
Department Chairperson _____.
Date

Departmental Honors in Physics

Form II. -- Signatures to be obtained by the student

Student Name: _____
please print or type

I. The above named student has been accepted into the Departmental Honors Program in Physics. In following the guidelines as outlined in the program he/she has selected you to be his/her supervising professor. Please indicate below your acceptance of this responsibility.

Supervising Professor

Date

II. Thesis topic selected: _____

III. The above named student in consultation with the supervising professor has selected you to serve, along with one other person, on her/his Thesis Advisory Committee. Please indicate below your acceptance of this responsibility.

Signature of Supervisory Committee Member

Date

Signature of Supervisory Committee Member

Date

IV. Physics Department Chairperson

Signature

Date

This form is to be returned to the chairperson of the Physics Department when all of the required signatures have been obtained.