

Name (Please Print) _____

ID# _____

Current Advisor _____

☐ Declaration ☐ AuditMajor Advisor (Please Print) _____ ☐ First major? ☐ Second major? Anticipated Grad Year _____

If you are changing your major, what was your old major? _____

Physics BS**disciplinary, 16 courses**

At least 6 courses must be unique to any major. Grades in all courses for the major must average C- or better.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Physics Required Courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS 150	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS 160	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS 270	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS 285	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS 383	_____
Mathematics Requirements:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH 130	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH 131	_____
Five additional Physics courses at the 200-level or 300-level:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS _____	_____
One Capstone requirement. Students may choose Option I or Option II:				
<u>Option I:</u> Replace one of the PHYS electives above with a designated Capstone course labeled 460 or higher:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PHYS _____	_____
<u>Option II:</u> Complete all five PHYS electives, plus a departmentally-approved Capstone experience:				
	<input type="checkbox"/>	_____	PHYS 489	_____
<i>(zero credits; personalized Capstone Experience)</i>				
Four additional courses in the Natural Sciences. Only those courses which count toward a major in their respective departments may satisfy this requirement:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Comments:**Major Certification**

We agree that the successful completion of the program of courses indicated above will constitute an acceptable major.
 (Compliance with uniqueness rules and other requirements will be confirmed by the Registrar.)

Student signature _____

Date _____

Major Advisor signature _____

Date _____

Department or Program Chair signature _____

Date _____