

Carleton College Physics & Astronomy Special Projects/Research Form
RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE BY THE DROP/ADD DEADLINE

ID# _____ NAME _____ CLASS YR _____ YR/TERM _____

Circle one: PHYS 356 ASTRO 356

Circle one: 2 credits 3 credits

NOTE: 2 credits carries an expectation of 5-6 hours of work/week
3 credits carries an expectation of 8-9 hours of work/week

Brief Project Title for Transcript: (25 spaces maximum)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Description of the project:

TO BE COMPLETED BY SUPERVISOR:

Grade Evaluation: Indicate the kinds of work that will be evaluated (e.g. 20 page paper, weekly short report, weekly oral presentation) in the box below.

Supervisor will offer on a S/CR/NC basis. _____
Supervisor's signature

Advisor's signature _____

Student's signature _____

Physics & astronomy dept. administrative assistant signature _____