

**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 \_\_\_\_\_

DEPARTMENT  PHYS  ASTR COURSE # 356 CREDITS \_\_\_\_\_ (maximum 6 per term)

SUPERVISOR \_\_\_\_\_

Brief Project Title for Transcript:

(25 spaces maximum available)

**Description of the Project:**

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**TO BE COMPLETED BY SUPERVISOR:**

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

Supervisor will offer on S/CR/NC basis only.  \_\_\_\_\_

Supervisor's Signature

Supervisor will offer on graded basis only  \_\_\_\_\_

Supervisor's Signature

Does this project apply toward major requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify which requirement \_\_\_\_\_

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Adviser's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Independents are subject to the approval of the Registrar and the Associate Dean of the College. You will be notified if your independent is denied.**