B.A. PHYSICS
Learning Plan

Student Name: ______________________  Date: __________________

Student ID#:_________  Advisor Name: __________________________

⇒ Learning Plan (at least 15 hours not counted elsewhere):

☐ Self-Designed

OR

☐ Minor or Second Major: ____________________________

⇒ List learning plan courses totaling at least 15 hours:

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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Semester</th>
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⇒ Committee Approval:

1)  
(Print committee member name)  (Committee member signature)  (Date)

2)  
(Print committee member name)  (Committee member signature)  (Date)

3)  
(Print committee member name)  (Committee member signature)  (Date)

Original to Registrar, Copies to student, advisor’s student file, and department chair