TRUMAN STATE UNIVERSITY

DUAL DEGREE BA IN PHYSICS
LEARNING PLAN AND PHYSICS ELECTIVE SUBSTITUTION FORM

INSTRUCTIONS: Please fill out items 1 – 6, and submit to The Engineering Program Coordinator, c/o Dr. Mohammad Samiullah, Department of Physics, Truman State University, 100 E. Normal Street, Kirksville, MO 63501. For help call (660)785-4070 or e-mail msamiull@truman.edu.

1. NAME OF APPLICANT: ____________________________________________________________

2. ADDRESS: ________________________________________________________________________________________

3. PHONE: _______________________________________  4. E-MAIL:  ________________________________________

5. LIST OF ENGINEERING COURSES FOR LEARNING PLAN. GIVE THE NUMBER., NAME, AND UNIVERSITY WHERE TAKEN. ATTACH A BRIEF DESCRIPTION OF EACH IN ADDITIONAL SHEETS.

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6. LIST OF ENGINEERING COURSES SUBSTITUTING PHYSICS ELECTIVE. (ATTACH A BRIEF DESCRIPTION OR A COPY OF THE SYLLABUS.)

i. _____________________________________________________________________________________________

ii. ___________________________________________________________________________________________

iii. __________________________________________________________________________________________

APPLICANT: PLEASE DO NOT WRITE IN THE FORM BELOW. OFFICIAL USE ONLY

7. LEARNING PLANNING COMMITTEE MEMBERS (NAME AND TITLE) (TO BE FILLED OUT BY THE ENGINEERING PROGRAM COORDINATOR):

i. ___________________________________________________________________________________________

ii. __________________________________________________________________________________________

iii. __________________________________________________________________________________________

8. APPROVAL DATE: _______________________________

9. APPROVAL SIGNATURES

☐ APPROVED  ☐ NOT APPROVED  (i) ____________________________ (COMMITTEE MEMBER SIGNATURE)

☐ APPROVED  ☐ NOT APPROVED  (ii) ____________________________ (COMMITTEE MEMBER SIGNATURE)

☐ APPROVED  ☐ NOT APPROVED  (iii) ____________________________ (COMMITTEE MEMBER SIGNATURE)

☐ APPROVED  ☐ NOT APPROVED  ___________ CHAIR, DEPARTMENT OF PHYSICS

☐ APPROVED  ☐ NOT APPROVED  ___________ DEAN, SCHOOL OF SCIENCE AND MATHEMATICS

☐ APPROVED  ☐ NOT APPROVED  ___________ PROVOST/VPAA

PROVOST: UPON APPROVAL PLEASE FORWARD THIS FORM TO THE REGISTRAR.

(This form updated on 10/30/2010)