

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:

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Semester</u>

⇒ 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