

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.

COURSE NO	COURSE NAME	UNIVERSITY WHERE TAKEN

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)