TRUMAN STATE UNIVERSITY

PHYSICS/ENGINEERING DUAL DEGREE
ENGINEERING SUBSTITUTION FORM

INSTRUCTIONS: Please fill out items 1 – 6, and submit to The Engineering Program Coordinator, c/o Dr. Samuel Ling, Department of Physics, Truman State University, 100 E. Normal Street, Kirksville, MO 63501. For help call (660)785-4070 or e-mail sling@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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<th>COURSE NO</th>
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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. FOR 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 01/15/2020)