B.A. PHYSICS Learning Plan

Student Name:		Date:	
Student ID#:	Advisor Name:		
⇒ Learning Plan (at least	t 15 hours not counted elsewh	nere):	
☐ Self-Designed ☐ Minor or Secon	d Major:		
⇒ List learning plan coun	rses totaling at least 15 hours	:	
Course Number Course	<u>e Title</u>	Credit Hours	Semester
⇒ Committee Approval:			
(Print committee member name)	(Committee member signat	ture) (Date)	
(Print committee member name)	(Committee member signat	ture) (Date)	
(Distriction of the Control of the C			
(Print committee member name)	(Committee member signat	ture) (Date)	

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