

Department of Physics and Astronomy

BA Physics

Major Form

Graduation Date (Mo/Yr): _____

Name: _____ SJSU Id: _____
 Last First Middle

Phone #: _____ Email: _____

(If a course is taken at another college, please indicate the college and its course number in the space provided)

Courses Required in the Major				
Dept.		College & Title	Units	Grade
Phys	50		3	
Phys	51		3	
Phys	52		3	
Phys	105A		3	
Phys	110A		3	
Phys	120A		3	
Phys	122		3	
Phys	140		3	
Phys	160		3	
2 Units of Upper Division Physics Lab				
Phys			2	

Courses in Support of Major				
Dept.		College & Title	Units	Grade
Chem	1A		5	
Chem	1B		5	
Math	30		3	
Math	31		4	
Math	32		3	
Math	133A		3	
3 Units of Upper Division Mathematics				
			3	

Nine units of upper division Physics or Astrophysics				
			3	
			3	
			3	

Substitute _____ for _____ Initials _____ Date _____

Substitute _____ for _____ Initials _____ Date _____

Substitute _____ for _____ Initials _____ Date _____

Substitute _____ for _____ Initials _____ Date _____

Advisor Approval: _____ Date: _____

Department Chair Approval: _____ Date: _____