

Semester \_\_\_\_\_

**DEPARTMENT OF PHYSICS AND ASTRONOMY**  
**Supervision Courses**

Student Name \_\_\_\_\_

SJSU Id \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Faculty Advisor \_\_\_\_\_

Major \_\_\_\_\_

Enter the number of units for the appropriate course:

**Physics 180** \_\_\_\_\_  
(1 to 4 units)

**Physics 184** \_\_\_\_\_  
(1 to 4 units)

**Physics 298** \_\_\_\_\_  
(1 to 4 units)

**Physics 299** \_\_\_\_\_  
(1 to 4 units)

<b>SEC #</b> _____
<b>CODE #</b> _____

**SUPERVISION COURSES ARE LIMITED TO MAJORS AND MINORS.**

These courses are for advanced independent study and are not intended as substitutes for regularly offered courses. Faculty supervision is mandatory. Grading: Credit/No Credit.

Briefly describe the nature of the project as discussed with and approved by your faculty advisor.

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**FACULTY ADVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEPARTMENT CHAIR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Once you have obtained the faculty advisor's signature return the form to the Department Office (SCI 148) for processing.

Copy: Department  
Faculty Member  
Student