

## STATEMENT OF WORK FOR INDEPENDENT STUDY OR RESEARCH

This form will serve as a record for the Physics Department, the Professor, and the Student, of information regarding student's and professor's independent work.

Semester: \_\_\_\_\_

Course: \_\_\_\_\_  
PHY 390 or 690 (circle one)

Student: \_\_\_\_\_  
(print name)

Supervisor: \_\_\_\_\_  
(print name)

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TO BE FILLED OUT BY PROFESSOR OR STUDENT AND SIGNED BY BOTH.

Brief statement of work proposed: (initial objectives, some general tasks to be completed, etc.)

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\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Supervising Professor's signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to Carol Noriega in RLM 5.224 before the first class day.