

Term: _____

PHYSICS 415 Registration

Office Use Only
Section Number _____
Staff Initials: _____

Please return this form to the Undergraduate Program Coordinator located in the Student Services Office (1440 Randall Lab) or submit it, with the attachment, to physics.sso@umich.edu prior to registration.

PHYSICS 415: *Undergraduate Research* emphasizes experimental or theoretical research under the supervision of a faculty member. Generally, a small facet of a large research undertaking is investigated in detail. This is an independent study course and instructor permission is required.

Please submit the following information with this form:

- o Student name
- o Student ID number
- o Student email address
- o Class standing
- o Name of faculty instructor
- o Written proposal (see below for information)
- o Title of project

To indicate to the department your intention to pursue and complete an independent study, please submit a short (1-2 paragraph) proposal that outlines your course of study and what demonstration of learning you plan to submit for evaluation. As this course grants academic credit, the demonstration of learning must have a basis in academia. (i.e. a paper, project, video, etc)

Once complete, your proposal will need to be reviewed and approved by the Associate Chair of Undergraduate Studies prior to permission to enroll being issued.

Students may repeat PHYSICS 415 for a maximum of eight credits.

Credit hours are determined by the amount of work expected per week. In full semesters (fall, winter, or spring/summer), one credit hour represents three hours of work per week. In half semesters (spring or summer), one credit hour represents six hours of work per week.

Students may not be compensated monetarily for work they are receiving credit for.

Independent Study requests are due by the drop/add deadline for the semester in which you wish to take the course.

PLEASE NOTE: The credits earned in PHYSICS 415 <u>cannot</u> be counted towards the additional honors credit requirements.

Faculty Instructor (printed name): _____ Credit Hours: _____

Signature of Instructor: _____ Date: _____

Office Use Only

Associate Chair of Undergraduate Studies (printed name): _____

Associate Chair of Undergraduate Studies Signature: _____

Date: _____

If Assoc. Chair signature is unavailable, email proof of approval will be attached.