CARLETON COLLEGE PHYSICS & ASTRONOMY SPECIAL PROJECTS/RESEARCH FORM

RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE BY THE DROP/ADD DEADLINE

ID #_____ NAME_____ CLASS YR_____ YR/TERM_____

DEPARTMENT ☐ PHYS ☐ ASTR COURSE #____356_____ CREDITS_____(maximum 6 per term)

SUPERVISOR_____

Brief Project Title for Transcript:

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(25 spaces maximum available)

Description of the Project:

TO BE COMPLETED BY SUPERVISOR:

Grade Evaluation: Indicate the kinds of work that will be evaluated, e.g. 20 page paper, or weekly short report or weekly oral presentation and final report in the box below.

Supervisor will offer on S/CR/NC basis only. ☐

_____
Supervisor's Signature

Supervisor will offer on graded basis only ☐

_____
Supervisor's Signature

Does this project apply toward major requirement? Yes_☐___ No_☐___

Specify which requirement _____

Adviser's Signature _____

Student's Signature _____

Independents are subject to the approval of the Registrar and the Associate Dean of the College. You will be notified if your independent is denied.