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:

(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.