

REGISTRATION AUTHORIZATION FORM

I. ALL Graduate Physics Students:

- a. This form **MUST** be filled out each semester in order to register for classes.
- b. Schedule a meeting with the appropriate faculty member(s).
- c. *PhD track students will need to obtain an approval signature from the professor who supervises their research.*
- d. All graduate students will need to get signature/approval from the Physics Graduate Advisor, Dr. Phil Anderson.
- e. Take the completed form to Ms. Barbara Burbey in the Physics Department office (ECSN 2.232) to complete the registration process.

II. Print Name: _____ Email: _____

III. Registration Semester: **Fall** **Spring** **Summer** Year: **2014**

IV. Program of Study: MS/Physics MS/PhD/Physics Ph.D./Physics

V. Research(circle): *High Energy* *Cosmology/Astrophysics* *Quantum Electronic*
 Applied Physics *Optics/Cond. Matter* *Materials Physics* *Atmospheric & Space*

Register for:

CRN #	COURSE PREFIX	COURSE #	SECTION #	TITLE	INSTRUCTOR	CREDIT HRS
	PHYS	8399		Dissertation		3

ARE YOU PLANNING TO GRADUATE THIS SEMESTER? **NO: __ YES: __ MS: __ Ph.D.: __**

Student Signature: _____ Student ID Number: 20 _____

ARE YOU A: TA OR RA

Research Professor (if applicable): _____

Print Name

Signature

Program Approval Signature: _____ Date: _____

Dr. Phillip Anderson, Graduate Advisor