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