Date:
-------

## Physics Department Program of Work for Ph.D. in Physics

Name Last		]	First	Middle		EID
Previous Degree(s) and Date(s) Awarded				Date	Date Qualifying Exam Passed	
Approximate T	Title of Dissertation	on or Treatise				
List Major	work below:					
Semester/Yr.	Unique #	Course	Course D	Description	Professor	Grade/Status

Semester/Yr.	Unique #	Course	Course Description	Professor	Grade/Status
			N OF PROGRAM: GRADUAT		e 41 1 4
have reviewe egree.	eu and approve	me Program of	Work proposed. I recommend	aumission to candida	cy for the doctor

**Signature of Graduate Advisor**