

UNIVERSITY OF MARYLAND  
DEPARTMENT OF PHYSICS

INDEPENDENT STUDY CONTRACT

Student \_\_\_\_\_ UID#: \_\_\_\_\_  
Date \_\_\_\_\_ Semester \_\_\_\_\_

Course Number:

\_\_\_\_\_ PHYS 299  
Special Problems

\_\_\_\_\_ PHYS 389  
Thesis Research

\_\_\_\_\_ PHYS 398  
Independent Study

\_\_\_\_\_ PHYS 399  
Special Problems

\_\_\_\_\_ PHYS 499A  
Special Problems w/ lab

\_\_\_\_\_ PHYS 499B  
Special Problems

Credits (generally 1 credit per 3 hours/week): \_\_\_\_\_

Grading Method: \_\_\_\_\_ Regular \_\_\_\_\_ Pass/Fail

Professor: \_\_\_\_\_ Section#: \_\_\_\_\_

Describe briefly the work you will be doing this semester.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for this study? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are being paid, describe the manner in which you will be judged academically.  
Typically, this would involve something written (e.g. term paper, laboratory write-up).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approvals: \_\_\_\_\_

Sponsoring Professor

\_\_\_\_\_  
Undergraduate Advisor

\_\_\_\_\_  
Associate Chair (signature needed only if you are getting paid)

When you have secured the required signatures, please return this form to your  
advisor in the Physics Student and Education Services Office (PHY 1309).