UNIVERSITY OF MARYLAND
DEPARTMENT OF PHYSICS

INDEPENDENT STUDY CONTRACT

Student ___________________________________ UID#: _______________________
Date _____________________________________ Semester______________________

Course Number:
_____PHYS 299        _____PHYS 389        _____PHYS 398
          Special Problems             Thesis Research                Independent Study

          _____PHYS 399        _____PHYS 499A        _____PHYS 499B
          Special Problems             Special Problems w/ lab       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).