

**Physics Masters Entry Committee
Department of Physics**

Student Name:

PSU ID# :

Undergraduate Degree/Institution:

Initial Committee:

Graduate Degree/Institution:

First term of graduate study at PSU:

Suggested Research Advisors for student to contact:

Doctoral Advisor:

A. Physics Core Course Requirement (Minimum 3 of the following)		Suggested Term taken	Institute (if other than PSU)
PH 617	Quantum Mechanics		
PH 631	Electromagnetic Fields and Interactions		
PH 624	Classical Mechanics		
PH 664	Statistical Mechanics		

B. Physics Seminar (Minimum 3 terms)		Suggested Term taken	Institute (if other than PSU)
	Seminar		
	Seminar		
	Seminar		

C. Electives (24 credits)		Suggested Term taken	Institute (if other than PSU)
	Course 1		
	Course 2		
	Course 3		
	Course 4		
	Course 5		
	Course 6		

Student Signature: _____

Date: _____

<p>_____</p> <p>Committee Member 1 Date</p>	<p>_____</p> <p>Committee Member 2 Date</p>
<p>_____</p> <p>Chair, Department of Physics Date</p>	

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