Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

Submit completed form to the Physics Undergraduate Director, Dr. Matthews at garrettm@usf.edu. Please attach research contract and/or REU program information

USF Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting a

* PHY 4910 waiver due to equivalent experience outside of USF or unavailability of research and in graduating semester
* PHY 4910 course substitution for equivalent experience in a USF department outside of USF Physics

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Number: (*if applicable*) \_\_\_\_ Date Started: \_\_\_\_\_\_\_\_ Date Ended: \_\_\_\_\_\_\_

Supervisor/Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Mentor Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Mentor Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Efforts:

*Describe what was done and hot it was supervised and/or evaluated.*

I certify that the information provided above is correct and accurate. I understand that approval of this request is contingent on the Physics Undergraduate Program Director’s review of the information provided.

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

Student Signature Date

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--OFFICE USE ONLY--

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Comments:

Undergrad Program Director Signature Date

* Request approved
* Request denied