



Elective Course Request

for semester..... /20..... (...../25.....)

The Institute for Fundamental Study

Instruction: This form is for M.S. and Ph.D. students to request for elective course opening.

Part 1: General Information

Student's name.....Student ID.....

Program M.S. (Theoretical Physics) Ph.D. (Theoretical Physics)

(Tentative/official) Supervisor's name

Part 2: Elective course to request

1) 897.....: (Course Title).....

- Lecturer Supervisor
- Other IF's lecturer (Proposed).....
- To be assigned by IF

2) 897.....: (Course Title).....

- Lecturer Supervisor
- Other IF's lecturer (Proposed).....
- To be assigned by IF

Part 3: Comment and Approval by Supervisor (please provide comment)

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(.....)

Student

Date.....

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(.....)

Supervisor

Date.....