ASTROPHYSICS MAJOR CONCENTRATION CHECKLIST
(To Be Submitted With University Degree Sheet)

Student Name: ___________________________________________________  I.D.#: _______________

Other Major(s): _______________________________________________________________________
(Note: submit a signed checklist with your degree sheet for each major)

Please list courses by number and title. For transfer courses, list by title and add "T". Indicate which courses are incomplete, in progress, or to be taken. Note: If substitutions are made for courses listed as “to be taken”, it is the student's responsibility to make sure the substitutions are acceptable.

Ten courses distributed as follows:

I. Four courses in Astronomy more advanced than Astronomy 10.
   Astronomy ___________________  Astronomy _________________________
   Astronomy ___________________  Astronomy _________________________

II. Four courses in Physics (above Physics 2/12) and to include Physics 13 and Physics 31 or 64.
    Physics 13 _____________________  Physics 31 or 64 ___________________________
    Physics _________________________  Physics _____________________________

III. Two courses in Mathematics above Math 42/44 (formerly 13/18).
     Math _________________________  Math _______________________________
     (NOTE: One may be an approved course in a related field.)

Advisor's Signature___________________________________ Date: ___________________________
Chair’s Signature_____________________________________ Date_____________________________

Note: It is the student's responsibility to return completed, signed degree sheets to the Office of the Dean of Colleges, Dowling Hall, 7th Floor.