

Physics – Idaho State University
Ph.D in Applied Physics
Program of Study

Form: PHYS-1
 Last Revised 4-2017

Student's Name: _____ Bengal ID: _____
 Mailing Address: _____ Home Phone: _____
 Email Address: _____ Cell/Other Phone: _____

Program of Study: 30 credits maximum of MS program work, see catalog for required courses, 4 credits of graduate seminar, additional electives, plus a minimum of 32 credits, but no more than 44 credits of doctoral dissertation. **The total minimum credits required are 84.**

Dept/College	Course #	Course Title	Credits	Semester/Year	Institution

Total Credits

Date Advisory Committee Formed: _____ Date Dissertation Committee Formed: _____
 Date Pre-Qualifying Exam Passed: _____ Date Preliminary Exam Passed: _____
 Date Qualifying Exam Passed: _____ Date Dissertation Defended: _____

Comments and/or Conditions *(use additional sheets if necessary):*

Student's Signature _____ Date _____	Major Advisor _____ Date _____
Chair, Dept. of Physics, Nuclear and Electrical Engineering _____ Date _____	Dean, College of Science and Engineering _____ Date _____
Dean, Graduate School _____ Date _____	

Send Original to Graduate School, MS 8075

Cc: 1) Student 2) Student's file 3) Major Advisor 4) Chair, Department of Physics, Nuclear and Electrical Engineering

Ph.D in Applied Physics

Formation of Ph.D. Advisory Committee

Student's Name: _____ Bengal ID: _____
 Mailing Address: _____ Home Phone: _____
 Email Address: _____ Cell/Other Phone: _____

Ph.D. Advisory Committee (**must** have at least one member outside the parent program):

Advisory Committee:

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____

Comments and/or Conditions (*use additional sheets if necessary*):

_____	_____	_____	_____
Major Advisor	Date	Chair, Dept. of Physics, Nuclear and Electrical Engineering	Date

Original to Student's file

- Cc: 1)** Student **2)** Chair, Ph.D. Advisory Committee
3) Chair, Department of Physics, Nuclear and Electrical Engineering

Ph.D in Applied Physics

Report on Outcome of Ph.D. Comprehensive/Qualifying Examination

Student's Name: _____ Bengal ID: _____

Mailing Address: _____ Home Phone: _____

Email Address: _____ Cell/Other Phone: _____

On _____, the majority of the Ph.D. Advisory Committee recommended that the above student
Date

passed did not pass the Comprehensive Examination administered on _____.
Date

Advisory Committee (**must** have at least one member outside the parent department):

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____

Comments and/or Conditions (use additional sheets if necessary):

Major Advisor _____	Date _____
Chair, Dept. of Physics, Nuclear and Electrical Engineering	Date _____

Original to Student's file

- Cc: 1) Student 2) Chair, Ph.D. Advisory Committee
3) Chair, Department of Nuclear Engineering and Health Physics

Ph.D in Applied Physics

Formation of Ph.D. Dissertation Committee

Student's Name: _____ Bengal ID: _____

Mailing Address: _____ Home Phone: _____

Email Address: _____ Cell/Other Phone: _____

On _____, the following Dissertation Committee has been formed to advise the student of
Date
 his/her research for the Ph.D. dissertation.

Dissertation Committee (**must** have at least one member outside the parent department):

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (GFR) Graduate Faculty Representative	_____	_____	_____

Comments and/or Conditions (*use additional sheets if necessary*):

_____ Major Advisor	_____ Date	_____ Chair, Dept. of Physics, Nuclear and Electrical Engineering	_____ Date
_____ Dean, Graduate School	_____ Date		

Send Original to Graduate School, MS 8075

- Cc: 1) Student 2) Student's file 3) Chair, Ph.D. Dissertation Committee
 4) Chair, Department of Physics, Nuclear and Electrical Engineering**

Ph.D in Applied Physics

Report on Outcome of Ph.D. Research Proposal

Student's Name: _____ Bengal ID: _____

Mailing Address: _____ Home Phone: _____

Email Address: _____ Cell/Other Phone: _____

On _____, the majority of the Dissertation Committee approved the research proposal and plan.
Date

Declared title of the dissertation research: _____

Dissertation Committee (**must** have at least one member outside the parent department):

Typed Name	Department/College	Signature	Date
_____ (Chair)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (Member)	_____	_____	_____
_____ (GFR) Graduate Faculty Representative	_____	_____	_____

Comments and/or Conditions (*use additional sheets if necessary*):

NOTE: A copy of the research proposal is to be attached to this form.

Major Advisor

Date

Chair, Dept. of Physics, Nuclear and Electrical
Engineering

Date

Original to Student's file **along with a copy of the research proposal**

Cc: 1) Student 2) Chair, Ph.D. Dissertation Committee

3) Chair, Department of Physics, Nuclear and Electrical Engineering