



**MS in Physics
Quantum Computing**

DEPARTMENT OF PHYSICS
UNIVERSITY OF WISCONSIN-MADISON

Research or Independent Study Approval Form

Course: PHYS 701

Student Name _____ Campus ID _____ Semester Requested _____
Instructor of Record (must be Physics Faculty) _____
Active Supervisor/Advisor (if different from above) _____ Department _____

Brief description of course content and proposed work:

Planned average hours/week of work _____ for _____ weeks.

Proposed number of credits (1,2, or 3) _____

Note: minimum of 45 hours work is expected for each credit.

Number of meetings planned with supervisor _____.

Description of proposed written summary report. This report need not be lengthy, but should be indicative of what was actually accomplished. ***Note that this is a required element and a copy must be turned in to the department office before the grade is filed.***

Signed

(Student) date _____

(Instructor of record) date _____

(Active supervisor/advisor if applicable) date _____