## First Year Research Form

## Johns Hopkins University Department of Physics and Astronomy

Hopkins ID\_\_\_\_\_ Student Name\_\_\_\_

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Institution/Dept. (If other than JHU Physics and Astronomy)				
Na	Name of Co-Advisor			
Na	ame of Research Advisor			
ı p	plan to do a research project wi	itn:		
	team, via JH OneDrive on or befo	re the deadline date for the sen		
	The form should be completed,	signed, dated and returned to t	he Academic Affairs	
	If the proposed research advisor of or research faculty member in the be co-signed by a PHA faculty member record. The relevant department astronomy.jhu.edu/people/#filter=.texts.	Department of Physics and Astro ember, who will serve as the de nt faculty members are listed	onomy, the form must partmental advisor of	
	This form is to be used to keep tra-	ck of your research requirements.		
	semesters of their first year and u an official advisor, whichever is first		(or until student finds	