Second Year Research Form

Johns Hopkins University Department of Physics and Astronomy

Hopkins ID_____ Student Name____

Each graduate student is require semesters of their first year and un		
research advisor, whichever is firs	t).	•
This form is to be used to keep tra	ck of your research requirement	S.
If the proposed research advisor or research faculty member in the be co-signed by a PHA faculty m record. The relevant departme astronomy.jhu.edu/people/#filter=.	Department of Physics and Ast ember, who will serve as the d nt faculty members are liste	ronomy, the form must epartmental advisor of
The form should be completed, team, via JHU OneDrive on or be		
l plan to do a research project w	ith:	
Name of Research Advisor		
Name of Co-Advisor		
Institution/Dept. (If other than JF	IU Physics and Astronomy)	
Semester of Research: Please sele	ect appropriate semester	
☐ Fall Term continues through Int		
 Register for course – A Spring Term 	S.171.807 (01)	
• Register for course – A	S.171.807 (01)	
☐ Summer Term		
 Register for course – A 	S.171.803 (section = resear	ch advisor)
Signature of Student	Print Student's Name	 Date:
. 3		
Signature of Research Advisor	Print Advisor's Name	Date:
Signature of Co - Advisor	Print Co - Advisor's Name	Date: