Field-Specific Course Replacement Form

At the end of 2020, the Columbia Physics faculty voted to allow students to substitute one of the two field-specific courses required by the Physics Ph.D. program on a case-by-case basis if that would be beneficial to a student and is not on the field-specific short list.

This is supposed to remedy cases, for instance, in which a course related to a student’s field is not on the official list of field-specific courses, a field-specific course is not offered for two years in a roll, or a student might benefit from exploring an area of potential interest. We encourage students to take field-specific courses in their intended field of research, but they can be outside of the student’s field if, for example, the student switches to another field during their program of study.

The course has to be a 6000 level or above and can be offered by the Columbia Physics Department, by another department at Columbia or by another university where Columbia students can enroll in classes (such as NYU). Suggested courses can be found on the Columbia Physics website, but students do not need to be restricted by that list.

This form serves as an authorization to substitute a field-specific course and shall be signed by the student, their advisor (or another suitable faculty in the absence of a formal advisor) and the Director of Graduate Studies (DGS).

Course name: _________________________________________________________

Course number: _______________________________________________________

School or department: __________________________________________________

Student’s name: ___________________________ Year in program: ___

Student’s signature: ___________________________ Date: __________

Advisor’s name: ___________________________ Field of study: __________

Advisor’s signature: ___________________________ Date: __________

DGS’s name: __________________________________________________________________

DGS’s signature: __________________________________________________________________ Date: __________