



Yale University
Department of Applied Physics

AP Special Investigation Form

Name _____

Course Number _____

Please supply the details of the Special Investigation Course:

Title of the Special Investigation: _____

Nature of the work being carried out (*please elaborate if special resources or facilities are required*):

student's signature

date

Instructor's Name _____

Instructor's Signature _____
date

Please email signed form as a PDF to isabel.pocock@yale.edu