



**Yale University**  
*Department of Applied Physics*

# Advisor Registration Approval Form

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**Student Name**

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

**Department of Registration**

\_\_\_\_\_

**Year of Study**

**Advisor Approval of Registration Selection(s)**

3

4

5

6

Yes

No

**Progress toward degree:** *(Please circle)*

Unsatisfactory  
1

Inconsistent  
2

Good  
3

Effective  
4

Exceptional  
5

**Dissertation Advisor:**

\_\_\_\_\_

Name

\_\_\_\_\_

Dept

\_\_\_\_\_

Signature

\_\_\_\_\_

Office phone

\_\_\_\_\_

Date