



UNIVERSITY OF
BIRMINGHAM

SCHOOL OF
PHYSICS AND
ASTRONOMY

Physics Experience Week Request Form

Monday 22nd June to Friday 26th June 2020

Full Name.....

Male/Female (please circle accordingly) School Year.....

Home Address.....

.....
.....

Home telephone number.....

Home email address.....

Subjects studied (including level, i.e. AS, GCSE, etc.).....

.....
.....
.....
.....

School.....

School Address.....
.....
.....

Teacher's contact name (for reference).....

Teacher's telephone no (for reference).....

Teacher's e-mail address (for reference).....



UNIVERSITY OF BIRMINGHAM

SCHOOL OF PHYSICS AND ASTRONOMY

Please outline (on separate sheet if necessary) a brief summary of which areas of Physics interest you and why you would like to take part in our Physics Experience Week at the School of Physics & Astronomy;



Before you submit your application, you need permission from your Head of Year and from your parent/guardian:

Permission granted by Head of Year

I give permission to the above student to apply for the Physics Experience Week at the University of Birmingham. I understand that a selection process is in action before participation.

Head of Year name

Head of Year e-mail address

Head of Year telephone number.....

Head of Year signature.....

Permission granted by Parent/Guardian

I give permission to my son/daughter to apply for the Physics experience week at the University of Birmingham. I understand that a selection process is in action before participation.

Parent/Guardian name

Parent/Guardian e-mail address

Parent/Guardian telephone number.....

Parent/Guardian signature.....

Please return the completed form, together with your teacher's reference to:

Mrs Linda Rogers, School of Physics & Astronomy, University of Birmingham, Edgbaston, Birmingham, B15 2TT.

Or via email: l.rogers.1@bham.ac.uk