

PHYSICS 103 FALL '82

Week	Date	Chapter	Lab Topic	Homework Prob.
1	W sep 2 F 4	Ch 1-Introduction	No Lab	
2	M 7	LABOR DAY		
	W 9 F 11	Ch 2-Motion in one dimension	M1- Density of a solid	
3	M 14 W 18 F 18	Ch 3- Vectors	M4-Free fall	
4	M 21 W 23 F 25	Ch 4-Laws of Motion Review	Makup Lab	
	F 25	I st ONE HOUR EXAM 3:30 pm Ch 1-4		
5	M 28 W 30 F oct 2	Ch 5-Work and Energy Energy	M2-Equilibrium of forces	
6	M 5 W 7 F 8	Ch 6- Momentum	M10- Power and friction	
7	M 12 W 14 F 16	Ch 7- Circular motion of momentum	M5-Conservation	
8	M 19 W 21 F 23	Ch 8- Rotational Dynamics Review	M6-Centripetal force	
	F 23	II nd ONE HOUR EXAM 3:30 pm Ch 5-8		
9	M 28 W 28 F 30	Ch 9- Solids and Fluids	M3-Equilibrium of a rigid body	
10	M nov 2 W 4 F 6	Ch 10-Fluid Motion	M9-Angular acceleration of a flywheel	
11	M 9 W 11 F 13	Ch 11- Thermal Physics		
12	M 16 W 18 F 20	Ch 12- Heat Review		
	F 20	III rd ONE HOUR EXAM 3:30 pm Ch 9-12		
13	M 23 W 25	Ch 13-Thermodynamics		
	26-29	THANKSGIVING RECESS		
14	M 30 W dec 2 F 4	Ch 14-Vibrations and Waves		
15	M 7 W 9 F 11	Ch 15-Sound		
16	M 13	Review		
	M 11	IV th ONE HOUR EXAM 3:30 pm Ch 13-15		

Problems are due at noon on the Monday of the week shown, in the shelves outside the lecture room. Problems marked * are optional and hard.

PHYSICS 103 Fall '92

INITIAL MEETING

2:30 Tue Sep 1 '92; 3405 Sterling Hall

- Please bring a schedule card with the following information:
Name, office number, office phone number and home phone number.
Your class schedule, including seminars you expect to attend, and
your final exam schedule as printed in the timetable.
- At our initial meeting we must set up a schedule for the consultation room and for our weekly staff meeting.

Name: _____

Office: _____ Phone: _____

Phys. Dept. Title: _____

Office: _____ Phone: _____

Home Address: _____

No — Home Phone: _____

Schedule

Major Prof./Advisor: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
7:45						
8:50						
9:55						
11:00						
12:05						
1:20						
2:25						
3:30						
4:35						
7:05 P.M.						

In case of emergency, contact

Name _____

Address _____

Home Phone _____

Work Phone _____