

Department of Computer Science
COLLEGE OF SCIENCES
Ph.D. Registration Form

Name: _____ ID: _____

Advisor: _____ FT/PT: _____

Semester: _____

CRN	Subject	CRS Number	Section	Course Title	Instructor
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1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Semester Hours Requested: _____
(Includes any previously registered courses for this semester)

Total completed Credit Hours Taken: _____

Prerequisite: For Doctoral Research and Dissertation Classes (CS 7211-6 and CS 7311-6)

☐ Doctoral Research Written Qualifying Exam Date: _____

☐ Doctoral Dissertation Oral Qualifying Exam Date: _____

Have you completed candidacy review for this semester? Yes ☐ No ☐ Dissertation

Committee Review Date: _____

(Support section to be filled out by Faculty Advisor)

Must Check One: GTA ☐ GRA ☐ GRA Affiliate ☐

Tuition/Fees ☐ Project No./Cost Center: _____

Stipend Yes ☐ No ☐ Amount: \$_____ Project No./Cost Center: _____

COMMENTS: Only add stipend Amt & Project Number and/or Cost Center for GRA Affiliate

Student Signature _____ Date _____

Advisor Signature _____ Date _____

GAR Signature _____ Date _____

Dept. Chair _____ Date _____