

**TEXAS TECH UNIVERSITY, COMPUTER SCIENCE DEPARTMENT – CS GRADUATE COURSE REGISTRATION ADVISING FORM**

PLEASE USE THIS FORM TO REGISTER ONLY FOR CS GRADUATE COURSES, ATTACH FORMS FOR CS 5000 AND CS 7000 COURSES, AND FILL IN THIS FORM COMPLETELY AND CLEARLY BY TYPING OR PRINTING USING A MEDIUM POINT, BLACK OR BLUE INK PEN.

**Student Information Section**

Name: \_\_\_\_\_ ID \_\_\_\_\_ GPA \_\_\_\_\_  
Last Name First Name Middle Name Cumulative

E-Mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Degree (Check One): ☐ PhD CS ☐ MSCS ☐ MSSE ☐ SE Certificate ☐ CS Minor ☐ Other \_\_\_\_\_

MSCS/MSSE Option (Check One): ☐ Thesis ☐ Project/Report ☐ Exam Month and Date of graduation: \_\_\_\_\_

Degree Plan filed? ☐ Yes ☐ No Currently Completed Degree Plan Hours (exclude leveling and/or non-degree plan courses) \_\_\_\_\_

**Student Course Registration**

Specify the courses you would like to take from highest to lowest preference.

CS 4-DIGIT COURSE NUMBER	3-DIGIT SECTION NUMBER	5-DIGIT BANNER ID	SEMESTER & YEAR	FOR DEGREE PLAN	PROFESSOR NAME	NUMBER OF HOURS	COURSE TITLE
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			

**Comments**

---

---

---

**Student Signature**

I certify that the information on this form is true and correct at the time of submission. I understand that I must have registration holds removed and must file my degree plan in my first semester of graduate study to be eligible for registration, that I must pay my tuition on time so that my registration is not cancelled, and that I must be registered for at least 3 hours in my graduation and/or final comprehensive exam/defense semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate and Thesis Advisor Signatures**

Graduate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Committee Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

CS 7000: Director (if not the graduate or committee advisor): \_\_\_\_\_ Date: \_\_\_\_\_