

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: _____