REQUEST FOR ADMISSION TO Ph.D. CANDIDACY
GEORGIA INSTITUTE OF TECHNOLOGY
OFFICE OF GRADUATE STUDIES

NEW ☒
REVISED ☐ (if revised, check all that apply: ☐ Title ☐ Committee ☐ Description)

INSTRUCTIONS BELOW

GTID# 902 938973

Print Name Shane   Louis   Scott
            First   Middle   Last

PART I. DISSERTATION TOPIC

Dissertation Title: Combinatorial Models for Surface and Free Group Symmetries

Brief Description: (**DO NOT EXCEED SPACE PROVIDED BELOW**)

Computation of automorphism groups of simplicial complexes associated to a surface and automorphisms of free groups.

Approved by:

Shane Scott Signature of Student

th _M. Ghomi_   Math
School Chair   School
                 Margalit Math
D. Margalit   Print last name & dept.
Thesis Advisor
                 Etnyre, math
_____   Print last name & dept.
Committee Member

_____   Committee Member   Wickelgren & Math
                 Print last name & dept.
_____   Committee Member   Hom, math
                 Print last name & dept.
Brendle, U-Glasgow   Committee Member   _M. Ghomi_ for Brendle
                                          Print last name & dept.

PART II. COMPREHENSIVE EXAMINATION

The above student passed the Comprehensive Examination on 07/16/15 and is admitted to Ph.D. candidacy in

Mathematics   _M. Ghomi_   (Graduate Coordinator Signature)

NOTE: If minor has been approved, please attach a copy to this form.

PART III. RCR TRAINING

The above student was officially admitted into graduate program prior to Fall 2011 (if yes, check box and skip to Part IV): ☐
The above student successfully completed RCR training (check all that apply): ☐ Online (CITI RCR) AND ☒ RCR Credit Course

For RCR Credit Course Indicate: Course Number PHIL 6000 Semester Completed Summer 2013

M. Ghomi (Graduate Coordinator Signature)

PART IV. ADMISSION TO CANDIDACY

This student is admitted to candidacy for the Ph.D. Degree in _____ on _/_/_

_____ (Vice Provost for Graduate Education and Faculty Affairs)

rev. 5/22/14

CERTIFICATE OF THESIS APPROVAL FOR DOCTORAL STUDENTS

INSTRUCTIONS: This is a writable pdf file. Use the tab key to navigate through form, and type in information.

GTID# _902 938 973_

Name: _Shane_ _Louis_ _Scott_
         First   Middle   Last

Thesis Title: _Combinatorial Models for Surface and Free Group Symmetries_

We, the below signed, hereby state our full approval of the thesis submitted by the above student in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the School/College of _Mathematics_ .

Approved by:

[signature]	Margalit. Math	_[signature]_
Thesis Advisor	Print last name & dept.	Member, Reading Committee
[signature]	Hom, math	_[signature]_
Member, Reading Committee	Print last name & dept.	Member, Reading Committee
[signature]	Wickelgren, math	_M. Ghomi for Brandle_
Member, Reading Committee	Print last name & dept.	Member, Reading Committee

Etnyre, math
Print last name & dept.

Print last name & dept.

Brendle, U. Oregon
Print last name & dept.

The above named student has completed all departmental requirements and oral presentation.

[signature] M. Ghomi
School Chair/Graduate Coordinator

_7/2/2018_
Date

* *

(GEORGIA TECH GRADUATE OFFICE USE ONLY)

The Georgia Tech Graduate Office has received the above dissertation and appropriate forms.

_____
Signature

_____
Date

rev. 1/2002

Georgia Tech

Policy and Procedure No. 2
March 20, 1986
Revised 7/27/99; 6/15/06, 2/25/13

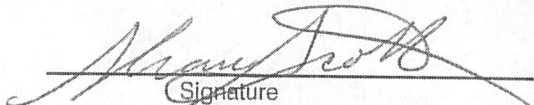Date: 19 June 2018

TO: GIT Graduate Studies and Research

I request a waiver of the Institute requirement that a graduate student be registered during the semester in which he or she graduates (enrollment waiver).

I have completed all degree requirements and will no longer require any of the Institute's facilities or faculty time to complete the

_____ MS without thesis (course work only)/ _____ MS with thesis option/ __X__ Ph.D. degree.

I propose graduating during the ____Fall____ (semester) of 20_18_ (year). I am/was registered in the semester preceding my proposed graduation semester, the semester for which I am requesting a waiver. This includes summer semesters. [Exception: non-thesis master's students who have completed all coursework prior to the graduation semester need not have been enrolled the prior term.]

I understand that I may apply for this waiver only once. If a thesis is required for my degree and I do not submit my final approved thesis to the Graduate Office before the end of the registration period for the above specified semester, I may have to register for at least 3 hours.
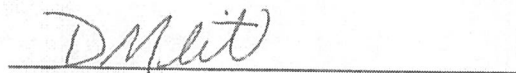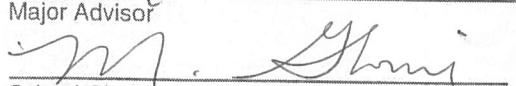
_____
Signature

902 938 973
GT ID Number

Shane Scott
Print Name

Mathematics
School/College

Thesis students MUST turn in the following *at the same time as* this form: final approved thesis uploaded to the ETD web site; signed Certificate of Thesis Approval and any other required documents submitted to GT Graduate Studies. (Oral presentation and all corrections must be completed before the submission).

IMPORTANT: This enrollment waiver does not automatically reactivate your degree petition. You must meet the Registrar's normal deadlines to petition to graduate or reactivate your degree petition for this term.

CERTIFIED AND RECOMMENDED FOR APPROVAL:

_____
Major Advisor

_____
School Chair or Graduate Coordinator

_____
Graduate Studies Office
Vice Provost for Graduate Education and Faculty Affairs

19 June 2018
Date