

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

Student: \_\_\_\_\_ ID: @ \_\_\_\_\_

Advisor: \_\_\_\_\_ FT/PT: \_\_\_\_\_

Semester: \_\_\_\_\_

	CRN	Subject	Course #	Section	Instructor
1:	_____				
2:	_____				
3:	_____				

Total Hours Requested: \_\_\_\_\_  
(Include any previously registered courses for this semester)

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: RA \_\_\_ TA \_\_\_ Source of Support: \_\_\_\_\_  
(Support to be filled out by the Faculty Advisor)

COMMENTS: \_\_\_\_\_

\*\*\*\*\*

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

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Graduate Advisor of Record Date

\_\_\_\_\_  
Department Chair Date