PhD Program Form
(To be submitted 1st month of program)

School of Computer Science

Student Name: _____   ID: _____

Required Courses: (Including CIS 6890 if applicable)

1. _____

2. _____

3. _____

4. _____

5. _____

Required Learning Modules: (Attach copy of each module)

1. _____

2. _____

3. _____

4. _____

5. _____

Signatures:

SoCS Advisor: _____   Date: _____

Application Discipline Advisor: _____   Date: _____

Student: _____   Date: _____

Graduate Coordinator: _____   Date: _____