



**COLLEGE of ENGINEERING
AND PHYSICAL SCIENCES**

SCHOOL OF COMPUTER SCIENCE

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

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:

AD Advisor:

Date:

Student:

Date:

Graduate Coordinator:

Date: