

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

Name: \_\_\_\_\_ ID: \_\_\_\_\_

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

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

	CRN	Subject	CRS Number	Section	Course Title	Instructor
1	_____					
2	_____					
3	_____					

Semester Hours Requested: \_\_\_\_\_  
(Includes any previously registered courses for this semester)

Total completed Credit Hours Taken: \_\_\_\_\_

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 section to be filled out by Faculty Advisor)**

Must Check One:    GTA     GRA     GRA Affiliate

Tuition/Fees     Project No./Cost Center: \_\_\_\_\_

Stipend Yes  No  Amount: \$ \_\_\_\_\_ Project No./Cost Center: \_\_\_\_\_

COMMENTS: Only add stipend Amt & Project Number and/or Cost Center for GRA or GRA Affiliate

\_\_\_\_\_  
\_\_\_\_\_

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

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

GAR Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Chair \_\_\_\_\_ Date \_\_\_\_\_