

T. No. _____

Name _____

Major: Ph.D. Computer Science

| COURSES* | | | | TRANSFER CREDIT INFORMATION | | Date Completed or To Be Completed |
|--|---------------|--------|-------|-----------------------------|-----------------------|-----------------------------------|
| Title | Course Number | Credit | Grade | Transfer From** | Equiv. TTU Course No. | |
| MS Non-Thesis Degree : | | | | | | |
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| Minimum Credit Hours toward the MS Degree (33-34) | Total | | | | | |
| Primary & Related Area Courses counted toward PhD | | | | | | |
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| Research & Dissertation toward PhD | | | | | | |
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Do you anticipate using Human Subjects in your research? YES NO MS Final GPA: _____ PhD Final GPA: _____
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

| | | | | |
|---|------------|------------|------------|---|
| Total Semester Credit Hours Counted Toward PhD Degree | | | 48 | * Enter courses in following order: 1. Courses taken at the Masters level 2. Primary Area PhD courses 3. Related Area PhD courses 4. Research & Dissertation PhD Courses 5. Identify 9 credit hrs. from MS to be counted toward PhD by noting TTU in the transfer from column. **Enter name of university where courses were taken |
| The MS non-thesis project hours can only be used toward the PhD research hours. It cannot be used toward any PhD course credit hours. | | | | |
| Total Hours MS: | 5000 level | 6000 level | 7000 level | |
| | | | | |
| Total Hours PhD: | 6000 level | 7000 level | | |

MS- 6 years expires end of _____ (term) _____ (year) PhD-8 years expires end of _____ (term) _____ (year)

Brief Description of Proposed Research _____

APPROVED ADVISORY COMMITTEE:

| | | | | |
|-------|------------|-------------|--|------------|
| _____ | date _____ | Chairperson | _____ | date _____ |
| _____ | date _____ | Member | Departmental Chairperson | |
| _____ | date _____ | Member | | |
| _____ | date _____ | Member | | date _____ |
| _____ | date _____ | Member | Associate Dean, College of Engineering | |
| _____ | date _____ | Member | | |
| _____ | date _____ | Member | | date _____ |
| _____ | date _____ | Member | College of Graduate Studies | |

Appointment of Advisory Committee

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Advisory Committee:

Name (please type in committee names)

Chairperson

Member

Member

Member

Member

Member

Member

Student's Signature _____ Date _____

Student T No. _____

Approved _____
Departmental Chairperson date

Approved _____
Associate Dean/Director for Doctoral Programs date

Approved _____
College of Graduate Studies Designee date