

**COMPUTER SCIENCE PH.D.
PROPOSED PROGRAM OF STUDY**
HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T. No. _____

Name _____ Major _____

| COURSES* | | | | TRANSFER CREDIT INFORMATION | | Date Completed or To Be Completed |
|--|---------------|--------|-------|-----------------------------|-----------------------|-----------------------------------|
| Title | Course Number | Credit | Grade | Transfer From** | Equiv. TTU Course No. | |
| Background Courses | | | | | | |
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| Primary Area Courses | | | | | | |
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| Related Area Courses | | | | | | |
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| Research & Dissertation (24 Hour Minimum) | | | | | | |
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Do you anticipate using Human Subjects in your research? YES NO Final GPA: _____
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

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|--|---|--|
| TOTAL Semester Hours Credit To Be Counted Toward Degree | | |
| Other Requirements (Enter here any 7000 level courses taken for M.S. that are to be counted for the Ph.D. requirement) | * Enter courses in following order: 1. Background courses--Include background courses taken at the Masters level 2. Primary Area courses 3. Related Area courses 4. Research & Dissertation Courses | |
| | **Enter name of university where courses were taken | |
| | | |
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Total Hours: 7000 level _____ 6000 level _____ 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 | Office of Graduate Studies | date _____ |

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