CIS PhD Student Progress Form

Student Name: ___________________________ ID Number: ___________________________

Email Address: ___________________________ Phone: ___________________________

Date of First Enrollment in the PhD Program (semester/year) ___________________________

If you entered the program before Fall of 2005, check one:
 ___ I have filed the Transition Form to switch to __________________ Track of the new program
 ___ I remain in the original program

Graduate Credit Hours completed during PhD study at UNCC: _______ GPA: ________

Graduate Credit Hours transferred in: __________

Graduate Credit Hours taken this semester: __________

Main Area of Interest: ___________________________

Name of your Advisor: ___________________________

Your advisor is ____ Initial Academic Advisor _____ PhD Thesis Advisor

Track or Concentration for your PhD in CIS/IT study:
 ___ Bioinformatics
 ___ Business Information Systems and Operations Management
 ___ Computer Science
 ___ Software and Information Systems
 ___ Interdisciplinary with __________________ as the home department
 ___ Don’t Know

Progress Summary
Please write a short summary of your progress in the PhD Program over the past 12 months. Include accomplishments such as papers submitted or accepted, conferences attended, honors and awards, or any other significant event. You should also mention any problems in making progress on your degree that we should be aware of.
Support
How are you currently supporting yourself while working on your Ph.D.

_____ Teaching Assistantship in (Department) ___________________________
_____ Research Assistantship with (Faculty member) _____________________
_____ Other job for the University _________________________________
_____ Job Outside the University _________________________________
_____ Other _________________________________________________

Milestones Completed

Core Exam (for students in the original program)
Date Taken ___________________   Passed ____   Failed ____  (First try)
Date Taken ___________________   Passed ____   Failed ____  (Second try if necessary)

Area Exam (for students in the original program)
Date Taken ___________________   Passed ____   Failed ____  (First try)
Date Taken ___________________   Passed ____   Failed ____  (Second try if necessary)

OR

Qualifying Exam (for students in the new program with tracks)
Date Taken ___________________   Passed ____   Failed ____  (First try)
Date Taken ___________________   Passed ____   Failed ____  (Second try if necessary)

Qualifying Exam Committee Members:

________________________________________
________________________________________
________________________________________

Dissertation/Advisory Committee Formed
Members:                           _____________________________
                                         _____________________________
                                         _____________________________
                                         _____________________________
                                         _____________________________

Dissertation Proposal
Title: _____________________________
Date ___________________   Passed ____   Failed ____  (First try)
Date ___________________   Passed ____   Failed ____  (Second try if necessary)

Dissertation Defense
Date ___________________   Passed ____   Failed ____

Signature: _____________________________   Date: _____________________________