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: ________________________________