

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: _____