

# Computing and Information Systems Ph.D. Program Qualifying Examination Committee Agreement

(This form must be filed before the end of the fourth semester)

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**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Bachelor's degree** \_\_\_\_\_ major \_\_\_\_\_ from \_\_\_\_\_ in year \_\_\_\_\_

**Master's degree** \_\_\_\_\_ major \_\_\_\_\_ from \_\_\_\_\_ in year \_\_\_\_\_

**Date of First Enrollment in the PhD Program (semester/year):** \_\_\_\_\_

**Program Track:** \_\_\_\_\_

**Primary Area of Focus:** \_\_\_\_\_

## Qualifying Exam Committee:

	Name	Signature	Chair
Research Advisor:	_____	_____	_____
IT PhD Faculty:	_____	_____	_____
IT PhD Faculty:	_____	_____	_____
(IT PhD Faculty):	_____	_____	_____

## Program Director Review

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

CIS Ph.D. Track Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

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