

**Center for Advanced Computer Studies
University of Louisiana
Plan for Completion of the PhD**

Name _____ Date _____

ID _____ Telephone _____ Email _____

PhD CS ____ PhD CE ____

Breadth Requirement:

Area	Course	Grade	Semester
Hardware	_____	_____	_____
	_____	_____	_____
Software	_____	_____	_____
	_____	_____	_____
Theory	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____
Optional	_____	_____	_____

Written Qualifying (Comprehensive) Examinations:

Area	Date
_____	_____
_____	_____

(Proposed) Research Advisor: _____

(Projected) Date for Candidacy: _____ Date to Complete: _____

Student Signature: _____

Advisor Signature: _____

