

Indiana University
Computer Science
School of Informatics, Computing, and Engineering

Advisory Committee Form

Student Name: _____ **Date:** _____

10-Digit University ID: _____ **Admit Term:** _____

Minor: _____

What type of minor you are applying for (internal, individualized, external): _____

Advisory Committee

Committee Chair Name: _____, Dept.: _____, Signature: _____

Committee Member Name: _____, Dept.: _____, Signature: _____

Committee Member Name: _____, Dept.: _____, Signature: _____

Committee Member Name: _____, Dept.: _____, Signature: _____

Each doctoral student is responsible for forming an Advisory Committee (AC) by the end of their first year. This committee will administer the Qualifying Examination. Identify three to four faculty members to serve on the AC. Identify a faculty member from CS that will serve as chair of the AC. Faculty must agree to serve on the committee prior to submitting the form.

Computer Science Graduate Studies Office

Director of Graduate Administration Signature: _____ Date _____

Submit completed and signed request to Luddy Hall, room 1113 | Email to sicecsiu@indiana.edu