Mathematics – Idaho State University **Form: EAS-1**

**Last Revised 11-2013**

# Engineering and Applied Science

**Ph.D. Program of Study**

Student’s Name: Bengal ID: Mailing Address: Home Phone: Email Address: Cell/Other Phone:

**Program of Study: 30** credits of MS program, plus **18** credits of additional course work at Ph.D. level, plus

**1-4** credits of graduate seminar, plus **32-35** credits of dissertation = **Total minimum credits is 84.**

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| **Dept/College** | **Course #** | **Course Title** | **Credits** | **Semester/Year** | **Institution** |
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|  |  | **Total Credits** |

Date Advisory Committee Formed: Date Research Proposal Approved: Date Comprehensive Exam Passed: Date Dissertation Defended:

Date Dissertation Committee Formed:

**Comments and/or Conditions** *(use additional sheets if necessary)*:

**Student’s Signature Date Major Advisor Date**

**Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics**

**Date Dean, College of Science and Engineering Date**

**Dean, Graduate School Date**

**Send Original to Graduate School, MS 8075**

**Cc: 1)** Student **2)** Student’s file **3)** Major Advisor

**4)** Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics

**Form Location: engr.isu.edu**

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| Mathematics – Idaho State University | **Form: EAS-2 Last Revised 11-2013** |
| Engineering and Applied Science**Formation of Ph.D. Advisory Committee** |
| Student’s Name:  |  |  |  | Bengal ID:  |
| Mailing Address:  |  | Home Phone:  |
| Email Address:  |  | Cell/Other Phone:  |
| Ph.D. Advisory Committee (**must** have at least one member outside the parent department): |
| **Advisory Committee:** |  |  |  |  |  |
| **Typed Name** | **Department/College** | **Signature** | **Date** |
|  (Chair)  |
|  (Member)  |
|  (Member)  |
|  |
| **Comments and/or Conditions** *(use additional sheets if necessary)*: |
|  |
|  |
| **Major Advisor** | **Date** | **Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics** | **Date** |
| **Original to Student’s file****Cc: 1)** Student **2)** Chair, Ph.D. Advisory Committee**3)** Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics**Form Location: engr.isu.edu** |

Mathematics – Idaho State University **Form: EAS-3**

**Last Revised 11-2013**

# Engineering and Applied Science

**Report on Outcome of Ph.D. Comprehensive/Qualifying Examination**

Student’s Name: Bengal ID: Mailing Address: Home Phone:

Email Address: Cell/Other Phone:

On , the majority of the Ph.D. Advisory Committee recommended that the above student

Date

* **passed**  **did not pass** the Comprehensive Examination administered on .

Date

**Advisory Committee** (**must** have at least one member outside the parent department):

|  |  |  |  |
| --- | --- | --- | --- |
| **Typed Name** | **Department/College** | **Signature** | **Date** |
|  (Chair) |   |   |   |
|  (Member) |   |   |   |
|  (Member) |   |   |   |

**Comments and/or Conditions** *(use additional sheets if necessary)*:

**Major Advisor Date Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics**

**Date**

**Original to Student’s file**

**Cc: 1)** Student **2)** Chair, Ph.D. Advisory Committee

**3)** Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics

**Form Location: engr.isu.edu**

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| Mathematics – Idaho State University | **Form: EAS-4 Last Revised 11-2013** |
| Engineering and Applied Science**Formation of Ph.D. Dissertation Committee** |
| Student’s Name:  |  |  |  | Bengal ID:  |
| Mailing Address:  |  | Home Phone:  |
| Email Address:  |  | Cell/Other Phone:  |
| On  | , the following Dissertation Committee has been formed to advise the student regarding |
| Date |  |  |  |  |  |
| his/her research for the Ph.D. dissertation. |
| **Dissertation Committee** (**must** have at least one member outside the parent department): |
| **Typed Name** | **Department/College** | **Signature** | **Date** |
|  (Chair)  |
|  (Member)  |
|  (Member)  |
|  (Member)  |
|  (GFR)  |
| Graduate Faculty Representative |
|  |
| **Comments and/or Conditions** *(use additional sheets if necessary)*: |
|  |
|  |
| **Major Advisor** | **Date** | **Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics** | **Date** |
| **Dean, Graduate School** | **Date** |  |  |  |  |
| **Send Original to Graduate School, MS 8075****Cc: 1)** Student **2)** Student’s file **3)** Chair, Ph.D. Dissertation Committee**4)** Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics**Form Location: engr.isu.edu** |

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| Mathematics – Idaho State University | **Form: EAS-5 Last Revised 11-2013** |
| Engineering and Applied Science**Report on Outcome of Ph.D. Research Proposal** |
| Student’s Name:  |  |  |  | Bengal ID:  |
| Mailing Address:  |  | Home Phone:  |
| Email Address:  |  | Cell/Other Phone:  |
| On  | , the majority of the Dissertation Committee approved the research proposal and plan. |
| Date |  |  |  |  |
| Declared title of the dissertation research:  |
| **Dissertation Committee** (**must** have at least one member outside the parent department): |
| **Typed Name** | **Department/College** | **Signature** | **Date** |
|  (Chair)  |
|  (Member)  |
|  (Member)  |
|  (Member)  |
|  (GFR)  |
| Graduate Faculty Representative |
|  |
| **Comments and/or Conditions** *(use additional sheets if necessary)*: |
| **NOTE: A copy of the research proposal is to be attached to this form.** |
|  |
|  |
| **Major Advisor** | **Date** | **Chair, Dept. of: Chemistry/CEE/EE/ Geosciences/Mathematics/ME/Physics** | **Date** |
| **Original** to Student’s file ***along with a copy of the research proposal*****Cc: 1)** Student **2)** Chair, Ph.D. Dissertation Committee**3)** Chair, Department of: Chemistry/CEE/EE/Geosciences/ME/Mathematics/Physics**Form Location: engr.isu.edu** |