

Computer Science Department

Room 430, Science and Technology II, Fairfax, VA 22030 • Tel. (703) 993-1530 • Fax (703) 993-1710

PhD Progress Report for Academic Year

Complete this form in consultation with your advisor. Please attach a copy of your transcript to this report

1- STUDENT	INFORMATION					
Student Name:			GI	MU#:		
Advisor:				emester arted program:		
Status:	Full-Time	Part-Time		revious degree:	Masters	Bachelors
			Ye	ear Received:		
2- DEGREE R		Provide information	on the req	uirements that you	have met so far.	
4				<u>Date</u>	Result	(Pass/Fail)
Oral Comprehensive Exam Dat			Date:			
Dissertation Proposal		Date:				
Title:	_					
CS 700		CS 800		CS 990		
Four advanced						
☐ CS 998 Cre	edits taken so far	:: 				
CS 999 Cre	edits taken so far	:			<u> </u>	

Last update: 08/05/08 Page 1 of 2



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3- RESEARCH ACHIEVEMENTS

Research Seminars: List all of the informal and formal seminars and talks you have given. Include the date of the talk.						
Publications: List all of your publications to date. Include submitted papers; do not include papers that are in progress. Give the title and full authorship of each paper, date of publication (month/year), and where it was published.						
Additional Information:						
Student's Signature Advisor's Signature Date						

Last update: 08/05/08 Page 2 of 2