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|  | 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.**  |
| **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)*:  |
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| **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)*:  |
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|  |  |  |  |  |
| **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-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** |
|  | 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** |