

**THREE-MEMBER ADVISING COMMITTEE (TMC) REPORT, INITIAL MEETING
DEGREE PROGRAM IN SCIENTIFIC COMPUTATION**

Student: _____ Date of Meeting: _____

Semester Entered: _____

TMC: _____, Chair

1. Course Program (please tentatively plan the entire year, although of course future semesters are tentative):

Fall: _____

Spring: _____

2. Comments concerning student plans and recommendations:

If student is entering as an advanced graduate student or at a time other than fall, the TMC must establish the following schedule of deadlines:

1. Hand in literature reprint for part 2 or written preliminary exam
(ordinarily one year after start) _____
2. Hand in written preliminary exam papers
(ordinarily middle of third semester) _____
3. Pass written preliminary exam and submit Degree Program Form
(ordinarily beginning of fourth semester) _____
4. Pass Preliminary Oral Exam
(ordinarily end of second year) _____

Signatures: _____
TMC Chair Student

ORIGINAL TO SCIENTIFIC COMPUTATION ADMINISTRATOR, WHO WILL MAKE COPIES
FOR TMC MEMBERS, STUDENT, AND SciC FILES

**THREE-MEMBER ADVISING COMMITTEE (TMC) REPORT, CONTINUING STUDENT
DEGREE PROGRAM IN SCIENTIFIC COMPUTATION**

Student: _____ Date of Meeting: _____

Semester Entered: _____

TMC: _____(Chair)

1. Credits completed: C or better _____

Credits completed: B or better _____

GPA _____

2. Written preliminary examination record:

date: _____ outcome: _____

date: _____ outcome: _____

Report on meeting (including plan of study and recommendations if applicable):

Signatures: _____
TMC Chair Student

ORIGINAL TO SCIENTIFIC COMPUTATION ADMINISTRATOR, WHO WILL MAKE COPIES
FOR TMC MEMBERS, STUDENT, AND SciC FILES

**CHOICE OF RESEARCH ADVISER FORM
DEGREE PROGRAM IN SCIENTIFIC COMPUTATION**

Student: _____

Date: _____

Research Adviser chosen: _____
(Print)

Signature of adviser: _____

Date: _____

Signature of student: _____

Date: _____

**PLEASE HAND THIS IN TO THE ADMINISTRATOR OF THE SCIENTIFIC COMPUTATION PROGRAM
WHEN YOU HAVE CHOSEN A RESEARCH ADVISER**

**SELECTION OF PAPER FOR PART 2 OF WRITTEN PRELIMINARY EXAMINATION
FOR THE Ph.D. IN SCIENTIFIC COMPUTATION**

Student: _____

Date: _____

Title of paper: _____

Author(s): _____

Journal: _____

Volume: _____ Pages: _____ Year: _____

Signature of student: _____

This part to be filled out by the research adviser:

I approve the paper. It is not in the student's primary research area.

Signature of research adviser: _____

Date: _____

This part to be filled out the by chair of the Written Preliminary Examination Committee:

I approve the paper. It is at an appropriate level and topic for the Written Preliminary Examination for the Ph. D. in Scientific Computation.

Signature of WPE Chair : _____

Date: _____

THIS FORM SHOULD BE PROVIDED TO DGS WITH A COPY OF THE PAPER CHOSEN FOR PART 2 OF
THE WRITTEN PRELIMINARY EXAMINATIONS. THE NORMAL DEADLINE
IS SEPTEMBER 15 OF THE SECOND YEAR

REQUEST FOR APPROVAL OF A GRADUATE PROGRAM IN SCIENTIFIC COMPUTATION

Student Name: _____

Date: _____

Day Phone Number: _____

Address: _____

Degree Ph.D. Master's

Written Preliminary Examination Status

Passed

Anticipated to be completed by: _____
(Date)

Course Program. Check one:

Master's

Ph.D. with minor. Minor field _____

Ph.D. with a supporting program

Check one:

This program is being submitted on the Degree Program Form and approval is requested for both.

The program is being submitted on a separate sheet prior to submitting the Degree Program Form, and early approval is requested.

Signature of student: _____

Print name of adviser: _____

Adviser phone number: _____

Signature of research adviser: _____

Date: _____

Return this form to: Administrator of the Scientific Computation Program
Computer Science and Engineering Department
D609 Mayo MMC 451
420 Delaware St. SE
University of Minnesota
Minneapolis, Minnesota 55455 (or campus mail)

**PRELIMINARY ORAL EXAMINATION PROSPECTIVE COMMITTEE REQUEST FORM
SCIENTIFIC COMPUTATION Ph.D. DEGREE
(Page 1 of 2)**

Name of student: _____

Adviser: _____

Date of submission of this form: _____

Informational:

Members of TMC: _____ (Chair)

If you did not have such a committee check here _____ and leave the above 3 lines blank.

Members of written preliminary examination committee:

Suggestions for oral preliminary examination committee:

At least three faculty listed should be members of the scientific computation faculty. List five (or more) names from which the DGS will appoint a committee of four. The reason that 5 names are requested is to allow the DGS to try to balance faculty committee loads. Listing more than 3 names from the Scientific Computation Faculty will facilitate this.

You must include among these 5 names your adviser and at least two persons who can represent your minor or supporting program. You are encouraged to list the members of your TMC and the members of your written preliminary examination committee. Then add as many additional names as required to bring the total to at least 5.

(adviser)

(minor or supporting program)

(minor or supporting program)

(continued)

(continued)

**PRELIMINARY ORAL EXAMINATION PROSPECTIVE COMMITTEE REQUEST FORM
SCIENTIFIC COMPUTATION Ph.D. DEGREE
(Page 2 of 2)**

Required signatures:

If you list any prospective oral examination committee members who are not members of the Scientific Computation Faculty (e.g., the representatives of your minor or supporting program), you must ask them to sign this form to indicate their willingness to serve if selected. We also require the adviser and student signatures.

Non-members of SciC Graduate Faculty indicating willingness to serve, if selected for a balanced committee:

_____	_____
_____	_____
_____	_____

Adviser: _____ Student: _____

Notes:

- a) Return this sheet to the Scientific Computation Administrator, usually with the Degree Program Form.
- b) It is mandatory that you pre-schedule the time and date of the preliminary oral examination at least one week in advance with the Graduate School. This is the only way to initiate their preparation of the necessary examination forms.

**Ph.D. FINAL EXAMINATION PROSPECTIVE COMMITTEE FORM
(SCIENTIFIC COMPUTATION)**

Name of student: _____

Adviser: _____ Date submitted: _____

PROSPECTIVE COMMITTEE (print or type)

At least 3 faculty listed should be members of the Graduate Faculty of Scientific Computation and at least one should represent your minor or supporting program. List a minimum of 4 names.

(SciC)

(SciC)

(SciC)

(minor or supporting program)

(minor or supporting program)

Name of chair (any of the above except adviser):

The three reviewers (readers) will be the adviser, one representative from the major field, and one representative from the minor or supporting program. Put the two other names here:

Note: Chair may be a reviewer but need not be.

REQUIRED SIGNATURES:

I approve the above committee:

Signature of adviser _____

I am willing to serve as a member, reviewer, and/or chair as indicated above:

Four more signatures: _____

Submitted by: _____
(signature of student)

Notes:

- a) Return this sheet to the Scientific Computation Administrator, usually with the Thesis Title Form.
- b) It is mandatory that you pre-schedule the time and date of the preliminary oral examination at least one week in advance with the Graduate School. This is the only way to initiate their preparation of the necessary examination forms.

**M.S. ORAL EXAMINATION PROSPECTIVE COMMITTEE REQUEST FORM
(SCIENTIFIC COMPUTATION)**

Name of student: _____

Adviser: _____ Date submitted: _____

Note: For M.S. examinations, the chair may be, but need not be, the adviser. This form must be signed by all three committee members to indicate their willingness to serve as indicated. The signature of the adviser denotes his or her approval of the constitution of the committee and the chair assignment.

PROSPECTIVE COMMITTEE (print or type)

At least two faculty listed should be members of the Graduate Faculty of Scientific Computation. List three names in all.

Chair (one of the above) _____

SIGNATURE OF THREE MEMBERS _____

Submitted by: _____
(signature of student)

RETURN TO THE SCIENTIFIC COMPUTATION ADMINISTRATOR AT LEAST ONE SEMESTER
IN ADVANCE OF PROJECTED DATE OF M.S. FINAL EXAMINATION.

PETITION TO CHANGE AN EXAMINING COMMITTEE (SCIENTIFIC COMPUTATION)

Name of student: _____

Examination: _____ Preliminary oral examination for Ph.D. Candidacy
 _____ Ph.D. final oral examination
 _____ Master's final oral examination

Adviser: _____

Date: _____

Previously assigned committee: _____

Proposed change: replace _____
 by _____

Reason: _____

Proposed committee chair: _____

For Ph.D. final oral only: Readers: _____

I approve the above petition _____
(adviser)

I agree to serve _____
(person added)

Approval of Director of Graduate Studies: _____
(DGS)

RETURN THIS FORM TO THE SCIENTIFIC COMPUTATION ADMINISTRATOR.

(SAMPLE OF THESIS SIGNATURE FORM)

UNIVERSITY OF MINNESOTA

This is to certify that I have examined this bound copy of a master's [doctoral] thesis by

[name of student]

and have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

[name of faculty adviser(s)]

[signature of faculty adviser(s)]

[date]

GRADUATE SCHOOL