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 by the 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)
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: _______________________________  Date submitted: ______________

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.
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