

THE UNIVERSITY OF TENNESSEE, KNOXVILLE (UTK) INTERDISCIPLINARY  
GRADUATE MINOR IN COMPUTATIONAL SCIENCE (IGMCS) PROGRAM

Student IGMCS Program Form

**Instructions:** To enroll in the program, fill out sections 1 through 7 below and submit to the IGMCS Program Committee Chair. If you have already completed at least one semester of study, also submit a copy of your transcript(s) (from UTK and/or other institution) and Admission to Candidacy form, if available. Upon completion of the IGMCS Program, fill in section 8 below.

1. Student name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_
2. Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_
3. College/Dept./Program \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Degree Objectives: (circle) Doctoral or Masters Target Completion Date \_\_\_\_\_
5. Advisors: Major \_\_\_\_\_ IGMCS \_\_\_\_\_  
Campus Address: \_\_\_\_\_

*Note: The student's graduate committee must include an IGMCS Faculty Member.*

6. IGMCS courses required for the minor:

**COURSE NUMBER and NAME      DEPT.      SEMESTER / YR      GRADE**

<b>6a. Masters (9 hrs)</b> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>6b. Doctoral (15 hrs)</b> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Approval of IGMCS program (to be completed prior to or during IGMCS program)
  - a. Major advisor \_\_\_\_\_ Date \_\_\_\_\_
  - b. Departmental liaison to IGMCS Program \_\_\_\_\_ Date \_\_\_\_\_
  - c. IGMCS Program Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

*Copies to: Student, signers, major dept., Graduate School*

8. Approval of completion of requirements for IGMCS program (to be completed after meeting IGMCS program requirements).

- a. Completion of Major courses:  
Major advisor \_\_\_\_\_ Date \_\_\_\_\_
- b. Completion of IGMCS courses:  
IGMCS advisor \_\_\_\_\_ Date \_\_\_\_\_
- c. Major portion of comprehensive exam passed:  
Major advisor \_\_\_\_\_ Date \_\_\_\_\_
- d. Notification of completion of IGMCS program:  
IGMCS Program Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

*Copies to: Student, Graduate School, major dept., major advisor, IGMCS advisor, student's IGMCS file.*