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:
   
<table>
<thead>
<tr>
<th>COURSE NUMBER and NAME</th>
<th>DEPT.</th>
<th>SEMESTER / YR</th>
<th>GRADE</th>
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   6a. Masters (9 hrs)     |       |               |       |
   |                        |       |               |       |
   |
   |
   6b. Doctoral (15 hrs)   |       |               |       |
   |                        |       |               |       |
   |
   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.