

# Registration Form

## 1. Student Information

NAME

UTK STUDENT ID NUMBER

UTK E-MAIL ADDRESS

PHONE NUMBER

TARGET GRADUATION SEMESTER/YEAR

COLLEGE

DEPARTMENT

MAJOR/PROGRAM

DEGREE OBJECTIVE

☐ MASTERS  
9 hrs

☐ DOCTORAL  
15 hrs

MAJOR ADVISOR NAME

DEPARTMENTAL IGMCS LIAISON  
Find at <https://igmcs.utk.edu/departments>

MAJOR ADVISOR E-MAIL ADDRESS

## 2. Proposed Course List See eligible courses list at <https://igmcs.utk.edu/courses>

DEPARTMENT PREFIX COURSE CODE & COURSE NAME <small>Example: COSC 522 Machine Learning</small>		SEMESTER & YEAR <small>If Known</small>
MASTERS DOCTORAL		

IGMCS AREA

COSC/ INSC	MATH/ STAT	DOMAIN SCIENCE
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After completing sections 1 & 2, submit this form to: [igmcs@utk.edu](mailto:igmcs@utk.edu)

## 3. Signatures

A. MAJOR ADVISOR

NAME

SIGNATURE

DATE

B. DEPARTMENTAL  
IGMCS LIAISON

NAME

SIGNATURE

DATE

C. IGMCS PROGRAM  
COMMITTEE CHAIR

NAME

SIGNATURE

DATE