

Ph.D. Degree Program of Study+

Department of Scientific Computing

Name: _____

Date: _____

Advisor: _____

Co-Advisor (if applicable) _____

Department: _____

Track±: _____

Semester prelim exams were passed:* _____

Semester prospectus was defended: _____

Residency requirement satisfied:** _____

+This form must list a minimum of 54 credit hours with a GPA of at least 3.2. Please refer to the Department's Graduate Handbook and the FSU Graduate Bulletin for specific requirements. This form must be signed by the student, the student's advisor(s), and the Associate Chair for Graduate Studies at least a year prior to the student's defense of his/her dissertation.

±Options include 1) major, 2) atmospheric science, 3) biochemistry, 4) biological science, 5) geological sciences, 6) materials science, or 7) physics.

*All requirements for the doctoral degree must be completed within five calendar years from the time the student passes the preliminary examination.

**The FSU residency requirement states that after finishing 30 semester hours of graduate work or being awarded the MS degree, the student must be continuously enrolled at the FSU Tallahassee campus for a minimum of 24 credit hours in any period of 12 consecutive months.

Course No.	Course Name	Discipline	Credits	Grade	Scrn/Year
A. CORE REQUIREMENTS					
ISC5305	Scientific Programming	Scientific Computing	3		
ISC5315	Applied Computational Science I	Scientific Computing	4		
ISC5316	Applied Computational Science II	Scientific Computing	4		
B. CORE ELECTIVES (INCLUDE 9 CREDITS)					
ISC		Scientific Computing			
ISC		Scientific Computing			
ISC		Scientific Computing			
C. APPLICATION ELECTIVES (INCLUDE 9 CREDITS)					
TRACK REQUIREMENTS, IF APPLICABLE					
SEMINAR REQUIREMENT (INCLUDE 6 CREDITS)					
ISC5934	Intro. Seminar in Comp. Sci.	Scientific Computing	1		
ISC5934	Intro. Seminar in Comp. Sci.	Scientific Computing	1		
DISSERTATION (MINIMUM OF 24 CREDIT HOURS)					
ISC6981	Dissertation				
OTHER ELECTIVES					

Student: ----- Date: _____

Advisor: ----- Date: _____

Co-Advisor (if applicable): ----- Date: _____

Approved: ----- Date: _____
Associate Chair for Graduate Studies