

COMPUTER SCIENCE (PCSC) DOCTORAL DEGREE PLAN OF STUDY YEAR _____
(1st, 2nd, etc.)

Student Name: _____ LSU ID #: _____ Phone #: _____

Major Professor (Advisor): _____ Co-advisor: _____

Advisory Committee Members: _____

MAJOR COURSES

Course #	Semester	Title	Credit Hours

TOTAL MAJOR CREDIT HOURS _____

MINOR/OTHER COURSES

Course #	Semester	Title	Credit Hours

TOTAL MINOR CREDIT HOURS _____

 Student's Signature Date Major Professor Date Graduate Advisor Date

* Full advisory committee information must be provided for the 2nd year and thereafter.