

## **CS Dissertation Course Registration Request**

Complete the required fields below - leaving the signature fields blank – the form will be routed electronically for signatures.

Email your completed form to the CS Department Administrative Assistant: Karen Hollensbe – kh48@txstate.edu

**Deadline:** To allow sufficient time to complete the approval process and for timely student registration, the approval form must be submitted no later than one week before the first day of class.

**Student Name:** 

**Student A-Number:** 

**Anticipated Graduation:** 

**Number of Completed Dissertation Hours:** 

**Number of Dissertation Hours Requesting:** 

Explain in 100 words or less what your plans are for this course:

Student Signature:	Date:
DISSERTATION ADVISOR APPROVAL:	
Dissertation Advisor Name:	
Dissertation Advisor Signature:	Date:
GRADUATE PROGRAM DIRECTOR APPROVAL:	
Graduate Program Director Name:	
Graduate Program Director Signature:	Date: