

UNIVERSITY OF TEXAS AT SAN ANTONIO
DEPARTMENT OF COMPUTER SCIENCE
SELECTION OF DOCTORAL ADVISOR

DATE

STUDENT NAME: _____ **Student ID:** _____

ADVISOR(S): _____

With the following signature, the above faculty agrees to serve as the supervising professor for the student's Ph.D. program.

Student Name: _____
SIGNATURE

Advisor(s): _____
SIGNATURE

SIGNATURE

Graduate Advisor of Record: _____
SIGNATURE

Department Chair: _____
SIGNATURE