

Ph.D. in Scientific Computing Program Application

Please submit this completed form to the Program Administrator at micde-phdapp@umich.edu. Student Name (First LAST): ______ UMID#: _____ Home Department or program: ______ Date: _____ Please indicate your status in your home department: Pre-Candidate Candidate Anticipated Graduation (Month, Year): Faculty Advisor Name and Email: ______ Faculty Advisor Affiliation: MICDE MIDAS Approval (signature below) of the student's enrollment in the joint Ph.D. program in Scientific Computing, from the Home Department Advisor and the Home Program Graduate Studies Chair: Home Program Graduate Studies Chair Home Department Faculty Advisor Brief statement of research interests: Suggested members of thesis committee, if known: (leave this section blank if you do not yet have your committee formed) __ MICDE __ MIDAS __ MIDAS __ MICDE MICDE __ MIDAS MIDAS MICDE NOTE: At least one faculty member should be an expert in scientific computing, suitable for representing MICDE or MIDAS. Approved by:

Professor Karthik Duraisamy, Director
PhD in Scientific Computing Program