

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 Department Chair:

Home Department Faculty Advisor

Home Department Chair

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
_____	___ MICDE	___ MIDAS
_____	___ MICDE	___ MIDAS
_____	___ MICDE	___ MIDAS

NOTE: At least one faculty member should be an expert in scientific computing, suitable for representing MICDE or MIDAS.

Approved by:

Professor Ken Powell, Director
Ph.D. in Scientific Computing Program