



Ph.D. in Computer Science

Goldstein Academic Center 861 Bedford Road Pleasantville, NY 10570

Advisor Approval Form

Please complete and retur	n form to the Program Co	oordinator.		
Student Name		Stude	Student ID#	
U	Semester: Choose One			
Fall (Yea	ar)			
Spring(Year)			
Summer	_(Year)			
Date:				
Working Dissertation Title_				
0				
I have been requested by t	he candidate and hereby	y agree to serve in	the role as advisor.	
Advisor Name				
Signature		Date		
Office Use Only				
Date Processed		Bv		