

**COMPUTER SCIENCE (PCSC) DOCTORAL DEGREE      PLAN OF STUDY      YEAR \_\_\_\_\_  
(1<sup>st</sup>, 2<sup>nd</sup>, etc.)**

Student Name: \_\_\_\_\_ LSU ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Major Professor (Advisor): \_\_\_\_\_ Co-advisor: \_\_\_\_\_

Advisory Committee Members: \_\_\_\_\_

**MAJOR COURSES**

Course #	Semester	Title	Credit Hours

**TOTAL MAJOR CREDIT HOURS** \_\_\_\_\_

**MINOR/OTHER COURSES**

Course #	Semester	Title	Credit Hours

**TOTAL MINOR CREDIT HOURS** \_\_\_\_\_

\_\_\_\_\_  
Student's Signature                      Date      Major Professor      Date                      Graduate Advisor                      Date

\* Full advisory committee information must be provided for the 2<sup>nd</sup> year and thereafter.