PACE
UNIVERSITY

Seidenberg School of Computer
Science and Information Systems

Ph.D. in Computer Science

Goldstein Academic Center
861 Bedford Road
Pleasantville, NY 10570

Advisor Approval Form

Please complete and return form to the Program Coordinator.

Student Name_____   Student ID#

U_____ Semester: Choose One

Fall _____ (Year)

Spring_____ (Year)

Summer_____ (Year)

Date: _____

Working Dissertation Title_____

_____

I have been requested by the candidate and hereby agree to serve in the role as advisor.

Advisor Name_____

Signature _____Date_____

Office Use Only

Date Processed_____ By_____