

## **Relocation to Stony Brook Request Form (Ph.D.)**

**Department of Computer Science** 

Name		Student ID		
Date of Request				
Enrollment Term		Standing	□G3 □G4 □G5	
Nationality		Gender	□M □F	
Mailing Address			·	
Dissertation Advisor				
Host (at SBU)				
Starting Term Intended	🗌 Spring (Year	·) 🗌 Fall	(Year)	
To Relocate				
Duration of Study	One Semester Two Semesters Until Graduation			
	Others (Please specify) ()			
Financial Support	Source of Support		Percent (total of 100%)	
	SBU Research Assistantship		%	
	(Specify:			
	🔲 SUNY Korea Research Ass	%		
	(Specify:			
	External Scholarships		%	
	(Specify:			
	Self-Funded		%	
Courses Completed	Transcript attached	Cumulative GPA	/4.0	
Advisor Agreement Form	Attached	Personal Statement	Attached	
		Personal Statement		

Name of Student	Date	Signature		
Dissertation Advisor	Approval Line	□ Approved	Disapproved	
Name	Date	Signature		
SUNY Korea Computer Science Depa	artment Chair	□ Approved	□ Disapproved	
Name	Date	Signature		
Stony Brook University Graduate Pro	ogram Director	□ Approved	□ Disapproved	
Name	Date	Signature		
Stony Brook University Computer So	cience Department Chair	□ Approved	□ Disapproved	
Name	Date	Signature		

