NSU
NOVA SOUTHEASTERN UNIVERSITY

898 Directed/885 Doctoral Research Registration Request

Student Name: _____NSU ID: **N**_____

Faculty Member:_____

□ Ph.D. in Information Systems (DISS)
□ Ph.D. in Computer Information Systems (DCIS)
□ Ph.D in Computer Science (CISD)
□ Ph.D. in Computing Technology in Education (DCTE)
□ Ph.D in Information Assurance (DIA)

Students who are petitioning to register for directed or doctoral research must identify a topic area of interest. Please explain the research that you intend to examine this term:

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Please submit this form to your respective academic advisor. You may fax this form to 954-262-3915 or email it to your advisor. After approval, your advisor will email you the CRN for registration

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