



**CONTINUING REGISTRATION  
ARIZONA STATE UNIVERSITY  
SCHOOL OF COMPUTING AND INFORMATICS**

Name		Student ID No.	Date
Requested Semester		Year	
Degree Program <input type="checkbox"/> MS <input type="checkbox"/> MCS <input type="checkbox"/> Ph.D.		Semester Started Program	ASU GPA
Faculty Advisor			
If you have requested continuing registration before, give the semester(s) and the reasons you did not complete the degree program, and your additional reason for requesting an additional semester of continuing registration.			
Semester you plan on completing your degree program:			
Please outline your plan for ensuring that you will complete the degree program as indicated above:			
Student Signature			Date
As the student's faculty advisor, I agree that the student has made the progress described above and the plan proposed by the student is reasonable to achieve the stated goals during the semester indicated.			
Faculty Advisor's Signature			Date
Remarks:			
Department Chair's Approval Signature			Date
Remarks:			