



Informatics Independent Study or Research Agreement

Student Name: _____ IUID#: _____
 Email Address: _____ Track: _____
 Semester: _____ Course No.: _____ Section No. : _____
 Course Name: _____
 Credit Hrs.: _____ Rotation/Study Supervisor: _____

The student and supervisor will discuss the topics, course activities, and deliverable for the independent study, research rotation, or research in Informatics *before* study begins. Please describe the coursework below:

What topics will you be studying?

What activities will you be conducting?

What are the expected deliverable (e.g., paper, presentation, prototype, etc.) to be completed by the end of the semester?

Approval Signature

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Approval by Director of Graduate Studies, Informatics

Signature: _____ Date: _____

Please submit completed form to the Informatics Graduate Studies Office at inforecd@indiana.edu