

Indiana University  
Informatics  
School of Informatics, Computing, and Engineering

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](mailto:inforecd@indiana.edu)