Indiana University
Informatics
School of Informatics, Computing, and Engineering

Informatics Application for Graduation

Student's Name (your name as you want it to appear on your diploma:

_____

IUID#: _____

IU Email Address: _____

Email Address (Following graduation): _____

Applying for the following Informatics Degree

Master of Science in Informatics _____

Master of Science in Human Computer Interaction _____

Ph.D. in Informatics _____

Degree to be awarded in

Month: _____

Year: _____

Degree Audits will be done soon after receipt of this form. You will be contacted by e-mail if there are questions about your degree completion. Feel free to check back with the Informatics Graduate Studies Office (inforecd@indiana.edu) with questions.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____