

Indiana University
Informatics
School of Informatics, Computing, and Engineering

Informatics Doctoral Minor Form

Student's Name: _____ IUID: _____

Student's Email: _____

Ph.D. Department/Program/Track: _____

Proposed Minor Section

The proposed Minor Section must be approved by the student's home department's advisor and the Minor Representative.

Name of Proposed Minor: _____

Number of Credits Required to Complete the Minor: _____

Courses to be taken for the Proposed Minor Requirement

Course Number	Course Name	Credits	Term/Year	Grade

Approval from your home department's advisor and your Minor Representative for your proposed minor is required.

Proposed Minor Approval by the Advisor in Home Department

Student's Advisor Name in the Home Department: _____

Student's Advisor in the Home Department Signature: _____ Date: _____

Proposed Minor Approval by the Minor Representative

Student's Minor Representative Name: _____

Student's Minor Representative Signature: _____ Date: _____

Completed Minor Section

The Completed Minor Section must be approved by the student's home department's advisor and Minor Representative.

Term/Semester Minor Completed: _____ Number of Credits Required: _____

Courses taken to complete the Minor Requirement: Each grade must be a B (3.0) or higher to count towards the Minor.

Course Number	Course Name	Credits	Term/Year	Grade

Approval from your home department's advisor and your Minor Representative for your Completed Minor Section is required.

Completed Minor Approval by the Advisor in Home Department

Student's Advisor Name in the Home Department: _____

Student's Advisor Signature in the Home Department: _____ Date: _____

Completed Minor Approval by the Minor Representative

Student's Minor Representative Name: _____

Student's Minor Representative Signature: _____ Date: _____

Completed Minor Approval by the Director of Graduate Studies, Informatics

Director of Graduate Studies, Minor Department Signature: _____ Date: _____

Director of Graduate Studies, Informatics Signature: _____ Date: _____

Please submit completed form to the Informatics Graduate Studies Office, Informatics West, Room 233 or email to inforecd@indiana.edu