

Indiana University
Informatics
School of Informatics, Computing, and Engineering

Ph.D. in Informatics
Dissertation Research Prospectus Form
(Please attach proposal abstract of 1-2 pages)

Student's Name: _____ IUID#: _____

Student's Email: _____ Date: _____

Dissertation Proposal Title: _____

Date of Proposal Defense: _____

Results (Pass/Fail) and Recommendations:

Re-defense Date (if necessary): _____

Results (Pass/Fail) and Recommendations:

Committee Approval

Research Committee Chair (if doing a double major, you will be required to have each chair from both departments sign)

Name: _____ Signature: _____ Date: _____

Research Committee Chair

Name: _____ Signature: _____ Date: _____

Research Committee

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Approval by Director of Graduate Studies, Informatics

Signature: _____ Date: _____

Please submit completed form to the Informatics Graduate Studies Office.