



SCHOOL OF

**INFORMATICS, COMPUTING, AND ENGINEERING**

## **Informatics Application for Graduation**

Student's Name: \_\_\_\_\_ 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](mailto:inforecd@indiana.edu)) with questions.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_