



**Ph.D. in Informatics
Independent Study/Research
Faculty Grade Submission Form**

(To be used for independent study, research rotation, RA work, etc.)

Student's Name: _____

Student's Signature: _____

Enrollment Semester: _____ IUID# _____

Student's Email: _____ Date: _____

Please provide a brief description of the research work: (attach additional sheets if needed)

Please provide your comments regarding your experience with the above-mentioned student: (attach additional sheets if needed)

Independent Study I699 – Grade for Independent Study: _____

Research in Informatics I698 – Grade: _____

Thesis Research in Informatics I890 – Grade: _____

Rotation I790 – Grade for Rotation: _____

Please select your role in this capacity:

Program Advisor

Research Advisor

Faculty Name: _____

Faculty Signature: _____ Date: _____

Faculty Email: _____

Please submit completed form to the Informatics Graduate Studies Office.