



Informatics Independent Study Agreement

Student Name: _____ IUID# _____

Email Address: _____ Track: _____

Semester	Course No.	Section No.	Course Name	Credit Hrs.	Faculty

The student and supervisor will discuss the topic, research activities, and deliverables for the independent study *before* the independent study begins. Please describe your independent study below:

What topic will you be researching/studying?

What research activities will you be conducting?

What are the expected deliverables (e.g., paper, presentation, prototype, etc.) to be completed by the end of the semester?

Approval Signatures:

Student’s Signature: _____ Date: _____

Supervisor’s Signature: _____ Date: _____

Approval by Director of Graduate Studies, Informatics:

Signature: _____ Date: _____