



Informatics Research Rotation Agreement

Student Name: _____ IUID# _____

Email Address: _____ Track: _____

Semester and Year for Rotation: _____

Name of Research Rotation Supervisor: _____

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

What topic will you be researching?

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: _____