



**SCHOOL OF INFORMATICS
AND COMPUTING**

INDIANA UNIVERSITY
Bloomington

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

Student Name: _____ Signature: _____

Dissertation Proposal Title:

Dates of proposal defense: _____

Results (Pass/Fail) and recommendations:

Re-defense date (if necessary): _____

Results (Pass/Fail) and recommendations:

Program Committee:

Program Advisor: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Please submit completed form to Rachel Lawmaster (raclee@indiana.edu), Manager of Graduate Admissions and Graduate Studies