



**SCHOOL OF INFORMATICS
AND COMPUTING**

INDIANA UNIVERSITY
Bloomington

Ph.D. in Informatics

Completion of Doctoral Minor Form

Student Name: _____

Student ID: _____ Email: _____

Doctoral Minor Field: _____

Term/Semester Minor Completed: _____ # of credits required: _____

Courses Taken for Minor Requirement:

| Course Number | Course Name |
|---------------|-------------|
| | |
| | |
| | |
| | |

I attest that above-mentioned student has completed requirements for the doctoral minor within my department.

Minor Field Representative

Date

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