



SCHOOL OF INFORMATICS AND COMPUTING

INDIANA UNIVERSITY
Bloomington

Ph.D. in Informatics Research Faculty Comment Form

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

Student Name: _____

Student Email: _____

Enrollment Semester: _____

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)

Please select your role in this capacity:

Program Advisor

Research Advisor

Independent Study Advisor; grade for independent study _____

Rotation Instructor; grade for rotation _____

Faculty Name

Faculty Email

Faculty Signature

Date

Please submit completed form to Linda Hostetter (lhostett@indiana.edu), Graduate Administrator