



# SCHOOL OF INFORMATICS AND COMPUTING

INDIANA UNIVERSITY  
Bloomington

## Informatics Master's Programs Authorization for Independent Study

Check one below:

Credit hours approved:

INFO I552 \_\_\_\_  
(Bioinformatics)

INFO I553 \_\_\_\_  
(Chemical)

INFO I554 \_\_\_\_  
(HCI, Music, Security)

(1-3) \_\_\_\_\_

Student name: \_\_\_\_\_ Student UID# \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brief Project Description (include: background, purpose, activities, readings, outcome)  
You may write description below or attach an additional sheet.:

Please attach reading list if necessary:

Semester / Year: \_\_\_\_\_ Section #: \_\_\_\_\_

Faculty Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Office: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

(Associate Dean for Graduate Studies)

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