



SCHOOL OF INFORMATICS AND COMPUTING

INDIANA UNIVERSITY
Bloomington

Ph.D. in Informatics Establishment of Program Committee Form

Student Name: _____

Student Email: _____

Committee Chair (from Informatics):

Faculty Name: _____

Faculty Signature: _____ Date: _____

Committee members: Two committee members are required – one from the student’s track and one from outside of the student’s track. **

Faculty Name: _____

Faculty Signature: _____ Date: _____

Faculty Name: _____

Faculty Signature: _____ Date: _____

**Faculty outside the School may be appointed with permission of the Associate Dean

Associate Dean for Graduate Studies

Date

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