



SCHOOL OF INFORMATICS AND COMPUTING

INDIANA UNIVERSITY
Bloomington

Ph.D. in Informatics
Qualifying Examination Approval Form
(Attach outline of test study material/syllabus/readings/actual test)

Student Name: _____ Signature: _____

Depth Area: _____

Breadth Area: _____

Director of Graduate Studies: _____ Date: _____

Dates of examination: _____

Results and recommendations:

Re-examination date: _____

Results 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