



## INFORMATICS PROGRAMS

School of Information Sciences  
616 E. Green St., Suite 210  
Champaign, IL 61820 USA

### INFO 597 Individual Study Project Approval Form

Student Name: \_\_\_\_\_

NetID and UIN: \_\_\_\_\_

Credit (2-4 hrs): \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Outline or Description of Research:

Instructor: I accept this student's registration for the above project.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
PhD Advisor Signature (if different from Instructor)

\_\_\_\_\_  
Informatics DGS Signature

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