



UNIVERSITY OF
ILLINOIS
URBANA-CHAMPAIGN

Informatics Programs
School of Information Sciences
614 E. Daniel St., 4th Floor
Champaign, IL 61820

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