UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

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

# INFO 510 Research Practicum Approval Form

Student Name: _____

NetID and UIN: _____

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