INDIANA UNIVERSITY
SOCIAL INFORMATICS DOCTORAL MINOR APPLICATION[1]

Student Name: _____   **Student I.D. Number:** _____

Doctoral Program: _____   **Doctoral Advisor:** _____

Expected Graduation: _____

Proposed 12 Hours of SI Electives:
(Must be taken from at least two departments outside of major area)

On List of Approved Courses?[2] (yes/no)	Course No.	Course Name	Credits	Semester Taken

Student's Signature _____   **Date:** _____

Approved: _____   **Date:** _____
Pnina Fichman
Director of the Doctoral Minor Program in Social Informatics

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[1] Student is responsible for maintaining copies of all documentation.

[2] In the case of classes not already approved for the SI minor, the student is responsible for providing a syllabus or any additional documentation for review by the Social Informatics Minor Steering Committee.