

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Illinois Informatics Institute

NCSA Building
1205 West Clark Street
Urbana, IL 61801 MC-257



Research Practicum Approval Form
INFO 510 (4 hours)

Student Name: _____

NetID: _____

Instructor Name: _____

Semester/Year: _____

Outline or Description of Research:

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

Instructor Signature

Advisor Signature

Informatics Signature