

**INDIANA UNIVERSITY  
SOCIAL INFORMATICS DOCTORAL MINOR APPLICATION<sup>1</sup>**

**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)

<b>On List of Approved Courses?<sup>2</sup> (yes/no)</b>	<b>Course No.</b>	<b>Course Name</b>	<b>Credits</b>	<b>Semester Taken</b>

**Student's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Pnina Fichman  
Director of the Doctoral Minor Program in Social Informatics

<sup>1</sup> Student is responsible for maintaining copies of all documentation.

<sup>2</sup> 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.