

UNIVERSITY OF ILLINOIS  
AT URBANA-CHAMPAIGN

Illinois Informatics Institute

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



## Individual Project Form

Course: \_\_\_\_\_  
*(e.g. INFO 199, INFO 399, INFO 597)*

Student Name: \_\_\_\_\_

NetID: \_\_\_\_\_

Credit (1-3 hours for INFO 199 & 399; 2-4 hours for INFO 597): \_\_\_\_\_ Hours

Instructor Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Outline or Description of Project:

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

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Informatics Advisor Signature