



SCHOOL OF INFORMATICS AND COMPUTING

INDIANA UNIVERSITY
IUPUI

PhD Student Audit Form

Student Name: _____

Program: **Human-Computer Interaction** Matriculation Date: _____

Core A Courses: (15 hrs.)

Course	Credit	Date	Grade
INFO H541	hrs.		
INFO H543	hrs.		
INFO H563	hrs.		
INFO H624	hrs.		
INFO H590*	hrs.		
TOTAL:	15 hrs.		

Core B Courses: 12 hrs.)

Course	Credit	Date	Grade
INFO H501	hrs.		
INFO H600	hrs.		
INFO H624	hrs.		
INFO H634	hrs.		
TOTAL:	12 hrs.		

Research Rotations: (1-6 hrs.)

Course	Credit	Date	Grade
INFO H790	hrs.		
INFO H790	hrs.		
TOTAL:	6 hrs.		

Research Theory/Methods: (9 hrs.)

Course	Credit	Date	Grade
H575	hrs.		
Elective	hrs.		
Elective	hrs.		
TOTAL:	9 hrs.		

Electives: (Min. 9 hrs.)

Course	Credit	Date	Grade
Elective	hrs.		
Elective	hrs.		
Elective	hrs.		
TOTAL:	9 hrs.		

Dissertation: (21-30 c Credit)

	Credit	Date	Grade
INFO 890	(1-6 hrs.)		
INFO 890	(1-6 hrs.)		
INFO 890	(1-6 hrs.)		
INFO 890	(1-6 hrs.)		
INFO 890	(1-6 hrs.)		
INFO 890	(1-6 hrs.)		
TOTAL:			

Minor: (12 hrs.)

Course	Credit	Date	Grade
	hrs.		
	hrs.		
	hrs.		
	hrs.		
TOTAL:	12 hrs.		

Electives: (9-18 hrs.)

Course	Credit	Date	Grade
	hrs.		
	hrs.		
	hrs.		
TOTAL:	9 hrs.		

Written Qualifying Exam:

Date	Grade

Date	Grade

Oral Qualifying Exam

Date	Grade

Date	Grade

Advisory Committee:

Name
Name
Name
Name

Research Committee:

Name (Chair)
Name
Name
Name

Dissertation Proposal Passed:

Date

Forms:

	Form 1 (AC)
	Form 2 (RC)
	Form 3 (Minor)
	Form 4 (NC)
	Form 5 (TC)

Dissertation Passed:

Date

Approved Transfer Credits:

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Grand Total PhD

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Signature:

Date:
