



St. Mary's College of Maryland
at Historic St. Mary's City

Program Revision for Student-Designed Major

Student's name: _____ Date: _____

Intended date of graduation: _____

Present major: _____

Title of student-designed major: _____

Primary discipline: _____

Secondary discipline: _____

Other secondary discipline: _____

Primary discipline adviser: _____

Secondary discipline adviser: _____

Old requirements:

New proposed requirements:

Rationale for changes:

Date: _____

Student's signature: _____

Committee signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Approved by the Curriculum Committee _____