

Student-Designed Major Proposal Approval Form

Date: _____ Intended date of graduation: _____

We recommend that the proposal prepared under the supervision of the advisory committee listed below

by _____

titled _____

be accepted as fulfilling in part the requirements for a student-designed major.

Advisory Committee Names and Signatures*

Primary Discipline Adviser (print name)

Signature

Secondary Discipline Adviser (print name)

Signature

Coordinator of Student-Designed Major (print name)

Signature

* Student's academic advisor should be indicated alongside his or her signature.

Approved by the Curriculum Committee _____