

II. STATEMENT OF PURPOSE

Official Title of Degree

____ Master of Arts (MA) Interdisciplinary Studies or

____ Master of Science (MS) Interdisciplinary Studies

Note: The MS in Interdisciplinary Studies is awarded for programs that include breadth of scientific knowledge as well as attainment of specific professional competencies in scientific research methodologies and data-driven analysis. MS degrees are appropriate for those who wish to engage in professional science-related careers that cross over several traditional specializations. The MA in Interdisciplinary Studies is awarded in all fields, particularly those that include the arts, letters, and humanities.

Working Title

Nature and Purpose of Proposed Program of Study

Academic and Career Goals to be Met Through Completion of This Program

Identify Resources (faculty and facilities) Required

Justification for Requesting the Interdisciplinary Major

Independent Study Description(s) (if applicable) (A maximum of 6 units are allowed)

Time to complete program (5-year maximum): _____

Additional Degree Requirements:

The following requirements must be completed during the first 15 units of the Graduate Plan of Study:

1. All graduate students must demonstrate their competence in written English.

Describe means for demonstrating skills (Note: It is recommended that an approved procedure from one of the identified graduate programs be utilized):

2. Other requirements as recommended by Advisory Committee:

a. Foreign Language _____
Date Passed _____ Not Required _____

b. Qualifying Exam _____
Date Passed _____ Not Required _____

c. Other: _____

Thesis Requirement:

All interdisciplinary studies major students are required to submit an acceptable thesis. A preliminary topic for the thesis should be presented as part of the proposal to obtain a Master's Degree Interdisciplinary Studies major. The thesis committee members are not required to be from the Advisory Committee. Please refer to the General Catalog for requirements regarding criteria for thesis.

Proposed Thesis Title: _____

Provide a brief description of the planned thesis topic.

IV. FACULTY COMMITTEE NOMINATION FORM

Identify the faculty members who you would like to have serve on your Advisory Committee and secure their signatures to indicate their willingness to serve on your committee.

	NAME	SIGNATURE	DEPARTMENT	TELEPHONE
Committee Chair	_____	_____	_____	_____
(Must be member of graduate group)				
Member #1	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____

V. COMMITTEE CHAIR ASSESSMENT AND RECOMMENDATION FORM

Student's Name: _____ Date _____

Telephone: _____

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>	
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.	<input type="checkbox"/>	<input type="checkbox"/>	
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.	<input type="checkbox"/>	<input type="checkbox"/>	
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.	<input type="checkbox"/>	<input type="checkbox"/>	
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER OBSERVATIONS: _____

NAME (PRINT) _____

SIGNATURE _____ DATE _____

DEPARTMENT/OFFICE AND PHONE NUMBER _____

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NAME (PRINT) _____

SIGNATURE _____

DATE

DEPARTMENT/OFFICE AND PHONE NUMBER _____

STUDENT'S NAME: _____

NAME OF DEGREE: _____

University Graduate Committee Recommendation:

Approved: _____

Resubmit: _____

Deny: _____

Reason for denial: _____

Other: _____

CHAIR, UNIVERSITY GRADUATE COMMITTEE DATE

DEAN, DIVISION OF GRADUATE STUDIES DATE

STUDENT'S NAME: _____

NAME OF DEGREE: _____

TECHNICAL REVIEW

Technical review completed _____ by _____
DATE

Comments on Technical Review: _____

TECHNICAL REVIEW

Technical review completed _____ by _____
DATE

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