

COLLEGE OF ARTS & SCIENCES

Interdisciplinary Major Application

Hegis code: 154901

Date: _____

Name: _____ Student Id #: _____

Local Address: _____

Local Phone #: _____ E-mail: _____

Permanent Address: _____

Present Semester: 1st 2nd 3rd 4th (circle one) Expected Date of Graduation: _____

Proposed Program Title: _____

Faculty Sponsors:

1) Name: _____

Department: _____

Phone #: _____ E-mail: _____

Signature: _____

2) Name: _____

Department: _____

Phone #: _____ E-mail: _____

Signature: _____

3) Name: _____

Department: _____

Phone #: _____ E-mail: _____

Signature: _____

Completed form to: Dean William M. Wilson, IMP Chair, Monroe Hall Room 101.