

Associate/Baccalaureate Degree in Interdisciplinary Studies

Approval Form

Name _____ Date _____

Address _____ Student ID No. _____

Email _____ Phone _____

DEGREE (Check one) AAS BT BA BS

Major _____
(Proposed Title of Degree)

Minor (for BA degree only) _____

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After review of the attached proposal, Committee Checklist and the Degree Requirement Worksheet, the following committee members recommend approval:

Faculty CHAIR of Committee: (Please Print)	Signature:	Department:	Email:
Faculty Members: (Please Print)	Signature:	Department:	Email:

PORTFOLIO DOCUMENTATION (see attached description):

 (DEAN of Committee Chair)

 (School/College)

 (Date)

Committee meeting with faculty members was held on: _____

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_____ APPROVED _____ DISAPPROVED _____ Date _____

VICE PROVOST