

Interdisciplinary Degree Title

Form Initiator Role: *

First Name: *

Last Name: *

Student ID: *

Email: *

Phone: *

Degree: *

THIS SECTION IS FOR YOU TO LIST THE TITLE OF YOUR DEGREE **AS IT SHOULD APPEAR ON YOUR DIPLOMA AND TRANSCRIPT**

(NOTE: This is NOT your Thesis/Dissertation/Project Title).

The approved title will be followed by **"Interdisciplinary Studies"** on your diploma and transcripts

(Example: Climate Change Policy and Assessment: Interdisciplinary Studies)

You will not be able to change this title after you've been awarded your degree, so please make sure it is correct.

Degree Title (remember, this is not your thesis/dissertation title):

Initiator Signature _____

Date _____

Student Signature _____

Date _____

Please enter contact information below for the required form approvers.

How many Committee Members are required to sign this form? *

Committee Chair/Co-Chair First Name: * Last Name: * Email: *

Department Chair First Name: * Last Name: * Email: *

College/School Dean First Name: * Last Name: * Email: *

Graduate Coordinator First Name: * Last Name: * Email: *

GRADUATE COORDINATOR, COMMITTEE, DEPARTMENT CHAIR & SCHOOL/COLLEGE DEAN APPROVALS

Note to signers: By signing below, you are approving the title of the student's degree as it will appear on their transcripts and diploma; this is not the same as their thesis/dissertation title. This degree title cannot be revised after the student has been awarded.

Graduate Coordinator Comments:

Graduate Coordinator Signature _____

Date _____

Role: *

Committee Chair/Co-Chair Signature _____

Date _____

Department Chair Signature _____ Date _____

College/School Dean Signature _____ Date _____

Please list your initials and any notes addressed to the Director about this form.

Graduate School Check Signature _____ Date _____

Graduate School Director Decision: *

Graduate School Director Comments:

Graduate School Director Signature _____ Date _____

Entered in Banner: *

Graduate School Processing Comments:

Graduate School Processing Signature _____ Date _____

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FAX: 907-474-1984 | EMAIL: uaf-grad-school@alaska.edu | 202 EIELSON BUILDING

Initiator Signature _____ Date: _____