



Multidisciplinary Studies Program Approval Form

Student Name _____ Student ID# _____ Date _____
 Adviser Name _____ Degree _____

First Area (15 minimum semester credits for this area):

Dept.	Number	Title	Credits	Grade
Total Upper Division Credits for this Area				

Second Area (15 minimum semester credits for this area):

Dept.	Number	Title	Credits	Grade
Total Upper Division Credits for this Area				

Third Area (15 minimum semester credits for this area):

Dept.	Number	Title	Credits	Grade
Total Upper Division Credits for this Area				

Approvals:

Approved Conditional Approval Not Approved **Total Upper Division Credits:** _____

Faculty Director, CCE Undergrad Individualized Degrees _____ Date _____

Program Director, CCE Undergrad Individualized Degrees _____ Date _____