



Inter-College Program

Program Approval Form: Two-Area Degree

Name _____ ID# _____ Date _____

ICP Adviser _____ Adviser Phone _____ Degree _____

First Area: _____

Faculty/Departmental Adviser

Second Area: _____

Faculty/Departmental Adviser

Name _____

Campus Address _____

E-mail _____

Phone _____

Name _____

Campus Address _____

E-mail _____

Phone _____

*Prerequisite Requirements
and Adviser Comments*

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First Area (Minimum semester credits: 20 for B.A., 21 for B.S.): _____

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

Faculty/Departmental Adviser's Approval Signature/Date _____

Second Area (Minimum semester credits: 20 for B.A., 21 for B.S.): _____

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

Faculty/Departmental Adviser's Approval Signature/Date _____

Supporting Area (B.S. only; minimum semester credits: 8)

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

Student Signature/Date _____