



**Interdisciplinary Studies  
MS/MA Degree Program  
Study Plan**

DO NOT COMPLETE SHADED AREAS
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Name \_\_\_\_\_ CIN # \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Proposed Title \_\_\_\_\_

Dept	Course #	Course Title	Units	Semester Taken	Grade
Total Degree Units <i>(minimum of 30 units, 50% must be at the 5000-level, only 4000-level courses and above can be included)</i>					

Total Thesis/Project Units: \_\_\_\_\_

Alternate Courses (in case of scheduling difficulties):


Any changes made to this program after approval and admission into the Interdisciplinary Studies program must be approved by your Committee Chair and the Dean of Graduate Studies, including any alternate courses to be used, must be submitted on a "Change of Study Plan" form to the Dean of Graduate Studies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
IDS Committee Chair *(print name)* and Signature

\_\_\_\_\_  
*Dean of Graduate Studies*

<b>FOR OFFICE USE ONLY</b>	
Committee Chair _____	Dept _____
Classified _____	GWAR Satisfied _____
Adv. To Candidacy _____	Thesis/Project Completed _____