**Self-Directed Majors Proposal**                                                  FOR COMMITTEE USE

Meeting Date\_\_\_\_\_\_\_\_\_\_\_

Date Approved\_\_\_\_\_\_\_\_\_\_\_

Please type or print clearly.

Name

Student ID#

Primary Advisor

Additional Advisor

Additional Advisor

Expected

Graduation Date

Title of

Self-Directed Major

Brief Description of the major:

**Course Plan:**

List the courses proposed for your major and the semester in which you plan to take them. **(NB: Students should be aware that Independent Study (xxx497, 498) may need to be substituted for Special Topics (xxx495, 496), if the latter is not offered.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Department and Number** | **Course Name** | **Credit Hours** | **Semester Planned / Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Credits for Major:** | |  | |

**\_\_\_Essay attached**

Please include your essay with this form and submit it to the Self-Directed Majors committee by the dates specified for this year. Your essay should clearly communicate your educational goals, explain why traditional majors, majors with minors, or double majors will not meet these goals and justify the selection of courses, internships, and other components used to fulfill them. The essay should demonstrate how the courses from various departments are integrated into a cohesive program. The essay is to be typed and double spaced.  Include the title of your major and your name.

Student's Signature                                                                                       Date

Primary Advisor's signature\*                                                                                      Date

Additional Advisor's signature                                                                                     Date

Additional Advisor's signature                                                                                      Date

Chair Person's Signature2                                                                                   Date

Consortium Coordinator's

Signature3                                                                                       Date

Dean's Signature4                                                                                     Date

Additional Dean's

Signature                                                                                      Date

**1The Primary Advisor's signature indicates the advisor is familiar with major as**

**designed and strongly supports it.**

**2The Chair Person's signature indicates there is every expectation that the courses listed will be available.  This should be the chair of the department in which the most courses will be taken.**

**3The Consortium Coordinator's signature indicates the student has consulted with**

**the Coordinator to assure that all Consortium courses are in compliance with the rules and regulations related to taking courses through the Consortium.**

**4The Dean's signature from each school in which courses are being taken indicates the support of the school for the major.**