

APPLICATION FOR INDIVIDUALIZED MAJOR

A minimum of 16 semester hours in the major must be completed <u>after</u> approval of the individualized major. All University graduation requirements apply.

A minimum of 36 hours must be completed for the individualized major.

| Name | | ID# | | or SS# | |
|--|--------------------|--------------------------|----------------------|---------------------------|-----------|
| | | Second Major | | Minor | |
| Home Add | dress | | | | |
| | (#) | (street) | (city) | (state) | (zip) |
| Number of Hours Comple | | ted in Proposed Major: | | Date | |
| A. Name | of Individualized | l Major: | | | |
| | | | | | |
| | | | | | |
| B. Vocation | onal Plans: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| C. List Proposed Courses and Credit Hours for this major: (use additional sheet, if necessary) | | | | |) |
| | | | | | |
| | | | | | |
| | | | | | |
| D. Rationale for requesting this major (use additional sheet, if necessary): | | | | | |
| | | | | | |
| | | | | | |
| E Cianat | uras of three pro | faccora who represent t | the discipline(s) of | accon above and who ravis | owed this |
| proposal: | | | | nosen above and who revie | ewed this |
| | | | | Date | |
| | Department Ch | nairperson | | Date | |
| | (most representati | ve of course work above) | | | |
| | Registrar | | | Date | |