A student with special interests not met by any of the established majors may submit this proposal for an individualized area of concentration, with approval from the Dean of Faculty and two faculty advisors from disciplinary areas related to the proposed concentration. An individualized area of concentration must meet these criteria: the coursework must include study in depth of at least one area of knowledge; the capabilities of the student and the resources of the institution must be sufficient to sustain the intended program; the program must be approved by the end of the student’s fifth semester, or its equivalent; and the program must meet all the goals and expectations of the concept of a major and a contextual and support area. An individualized area of concentration must include eight to ten courses from a single discipline (including a senior project) and no fewer than two courses from any other discipline.

Student’s Name:_______________________________  ID#:_________________

Current Class (please circle one):  FR   SO   JR   SR  Anticipated Date of Graduation (Month/Year):___________

I hereby apply for approval of a course of study leading to an Interdisciplinary concentration in ______________________ and with additional work in the fields of ______________________, ______________________, ______________________.

Accordingly, I propose the following courses (at least 8 from the same discipline and no fewer than two from any other discipline):

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Individualized Area of Concentration Declaration

Interdisciplinary concentrations must observe the twenty course maximum, with 8 – 10 courses from a single discipline and no fewer than two courses from any other discipline, and must meet all requirements for historical perspective, senior project, and language/quantitative methods option. Students should use space provided on back to provide carefully thought out justification for this request.

Justification provided by the student: (This space is provided below to be used by the student to provide justification for the course combination proposed.)

________________________________________________________________________________________
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Comments by Faculty Advisors:
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Student’s Signature:________________________ Date:________________________
Advisor’s Signature:________________________ Date:________________________
2nd Advisor’s Signature:____________________ Date:________________________
Dean of Faculty Signature:___________________ Date:________________________