



Interdisciplinary Studies Program Proposal

Part I: Program Overview

- Master of Science
- Master of Arts

Last Name _____ First Name _____ SSN _____

Address _____ City _____ State _____ Zip Code _____

Country _____ Email Address _____

Phone Number (Day) _____ Phone Number (Evening) _____ Cell Phone _____

Please provide an explanation of your proposed program. This generalized outline of your proposed graduate degree program should include a statement of your educational and career goals (*attach additional page(s) if necessary*)



Interdisciplinary Studies Program Proposal

Part II: Coursework Plan

Proposed Program Title _____

Dept. Code	Course Number	Course Title	Credit Hours	Proposed Semester

Proposed Thesis or Project (*attach additional page(s) if necessary*):

Please list any SUNY Fredonia faculty members with whom you have discussed the feasibility of this program proposal.

Faculty

Department

-OFFICE USE ONLY-

Department/School/College _____

- Approved
- Approved with revisions (please identify in box below)
- Conditionally approved (please identify in box below)
- Denied (please give reason in box below)

Revisions/Conditions/Comments:

Signature/Title/Date

Department/School/College _____

- Approved
- Approved with revisions (please identify in box below)
- Conditionally approved (please identify in box below)
- Denied (please give reason in box below)

Revisions/Conditions/Comments:

Signature/Title

-GRADUATE STUDIES OFFICE USE ONLY-

Comments:

- Accept recommendation(s)
- Do not accept recommendation(s)

Signature **Date**