



## II. STATEMENT OF PURPOSE

### Official Title of Degree

\_\_\_ \_\_\_ Master of Arts (MA) Interdisciplinary Studies or

\_\_\_ \_\_\_ Master of Science (MS) Interdisciplinary Studies

**Note:** The MS in Interdisciplinary Studies is awarded for programs that include breadth of scientific knowledge as well as attainment of specific professional competencies in scientific research methodologies and data-driven analysis. MS degrees are appropriate for those who wish to engage in professional science-related careers that cross over several traditional specializations. The MA in Interdisciplinary Studies is awarded in all fields, particularly those that include the arts, letters, and humanities.

### Working Title

---

---

### Nature and Purpose of Proposed Program of Study

**Academic and Career Goals to be Met Through Completion of This Program**

**Identify Resources (faculty and facilities) Required**

**Justification for Requesting the Interdisciplinary Major**



**Independent Study Description(s) (if applicable)** (A maximum of 6 units are allowed)

**Time to complete program (5-year maximum):** \_\_\_\_\_

**Additional Degree Requirements:**

The following requirements must be completed during the first 15 units of the Graduate Plan of Study:

1. All graduate students must demonstrate their competence in written English.

Describe means for demonstrating skills (Note: It is recommended that an approved procedure from one of the identified graduate programs be utilized):

2. Other requirements as recommended by Advisory Committee:

a. Foreign Language \_\_\_\_\_  
Date Passed \_\_\_\_\_ Not Required \_\_\_\_\_

b. Qualifying Exam \_\_\_\_\_  
Date Passed \_\_\_\_\_ Not Required \_\_\_\_\_

c. Other: \_\_\_\_\_

**Culminating Experience Requirement:**

All interdisciplinary studies major students are required to submit an acceptable thesis/project. A preliminary topic for the requirement should be presented as part of the proposal to obtain a Master's Degree Interdisciplinary Studies major. The committee members are not required to be from the Advisory Committee. Please refer to the General Catalog for requirements regarding criteria for thesis/project.

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

Provide a brief description of the planned topic.

#### IV. FACULTY COMMITTEE NOMINATION FORM

Identify the faculty members who you would like to have serve on your Advisory Committee and secure their signatures to indicate their willingness to serve on your committee.

	NAME	SIGNATURE	DEPARTMENT	TELEPHONE
Committee Chair	_____	_____	_____	_____
<i>(Must be member of graduate group)</i>				
Member #1	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____

**V. COMMITTEE CHAIR ASSESSMENT AND RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>	
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.	<input type="checkbox"/>	<input type="checkbox"/>	
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.	<input type="checkbox"/>	<input type="checkbox"/>	
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.	<input type="checkbox"/>	<input type="checkbox"/>	
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER OBSERVATIONS: \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

**FACULTY ASSESSMENT AND RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>	
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.	<input type="checkbox"/>	<input type="checkbox"/>	
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.	<input type="checkbox"/>	<input type="checkbox"/>	
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.	<input type="checkbox"/>	<input type="checkbox"/>	
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER OBSERVATIONS: \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

**FACULTY ASSESSMENT AND RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>	
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.	<input type="checkbox"/>	<input type="checkbox"/>	
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.	<input type="checkbox"/>	<input type="checkbox"/>	
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.	<input type="checkbox"/>	<input type="checkbox"/>	
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER OBSERVATIONS: \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

**FACULTY ASSESSMENT AND RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>	
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.	<input type="checkbox"/>	<input type="checkbox"/>	
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.	<input type="checkbox"/>	<input type="checkbox"/>	
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.	<input type="checkbox"/>	<input type="checkbox"/>	
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER OBSERVATIONS: \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

**FACULTY ASSESSMENT AND RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_

Date

Telephone: \_\_\_\_\_

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.	<input type="checkbox"/>	<input type="checkbox"/>	
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.	<input type="checkbox"/>	<input type="checkbox"/>	
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.	<input type="checkbox"/>	<input type="checkbox"/>	
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.	<input type="checkbox"/>	<input type="checkbox"/>	
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER OBSERVATIONS: \_\_\_\_\_

\_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

NAME OF DEGREE: \_\_\_\_\_

**University Graduate Committee Recommendation:**

Approved: \_\_\_\_\_

Resubmit: \_\_\_\_\_

Deny: \_\_\_\_\_

Reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
CHAIR, UNIVERSITY GRADUATE COMMITTEE      DATE

\_\_\_\_\_  
DEAN, DIVISION OF GRADUATE STUDIES      DATE

STUDENT'S NAME: \_\_\_\_\_

NAME OF DEGREE: \_\_\_\_\_

**TECHNICAL REVIEW**

Technical review completed \_\_\_\_\_ by \_\_\_\_\_  
DATE

Comments on Technical Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TECHNICAL REVIEW**

Technical review completed \_\_\_\_\_ by \_\_\_\_\_  
DATE

Comments on Technical Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TECHNICAL REVIEW**

Technical review completed \_\_\_\_\_ by \_\_\_\_\_  
DATE

Comments on Technical Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TECHNICAL REVIEW**

Technical review completed \_\_\_\_\_ by \_\_\_\_\_  
DATE

Comments on Technical Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_