SECTION II

PROPOSAL FOR PURSUING INTERDISCIPLINARY STUDIES MASTER'S DEGREE PROGRAMS

I. BACKGROUND INFORMATION FOR APPLICANT

Name			Student ID No	
First	Middle Las	it		
Address				
STREET		CITY	STATE	ZIP
Telephone	E-mail Address			
Undergraduate Degree	Ma	jor	Minor	
Date Degree Granted	Institution _		Overall GPA	
Current Enrollment Status			Postbaccalaureate GPA	
Date of Application for U	niversity Admission			
Standardized Test Scores:				
			Test Date	
GRE VERBAL	QUANTITATIVE		(IF NOT ALREADY TAK	EN)
GMAT	TOEFL			

Additional Information:

Provide any additional comments or documentation regarding academic or professional preparation and qualifications that specifically address academic study and research in the requested degree program.

Complete all sections as required and submit your proposal and supporting documents to:

Dean, Division of Graduate Studies California State University, Fresno Thomas Bldg., Room 132 5241 North Maple Avenue M/S TA51 Fresno CA 93740-8027

II. STATEMENT OF PURPOSE

Nature and Purpose of Proposed Program of Study

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

Academic and Career Goals to be Met Through Completion of This Program
Identify Resources (faculty and facilities) Required
Justification for Requesting the Interdisciplinary Major

III. PROPOSED PLAN OF STUDY (Please attach a catalog copy from <u>at least</u> one other university that offers a program similar to the one you are proposing)

Prerequisite Courses:

List all prerequisites that will be required whether you have completed these courses or not:

COURSES REQUIRED TO MEET PREREQUISITES

Prefix/ No.	Course Title	Semester Year	Units	Grade
				·

Graduate Program of Study:

List all courses required for the official degree program (30 units). Do not include prerequisites listed above. Include a description of any 290 Independent Study courses (see next page).

		Semester			
Prefix/ No.	Course Title	Year	Units	Grade	Instructor
	Transfer/Extension Credit (9 Unit Max.)				Institution

Notes:

- 1. A maximum of 9 upper division and/or graduate-level transfer units may be applied toward the master's degree. Appropriate transfer documentation must be attached. Refer to the graduate catalog.
- 2. At least 70 percent of the program must consist of courses designated for graduate study.
- 3. The following courses are available as may be necessary to meet the requirements of the faculty advisory group: GS 296. Interdisciplinary Colloquium (1-3 units). Prerequisite: Consent of coordinator. Seminar in interdisciplinary special major issues, allowing discussion with a broad-based, cross-disciplinary emphasis.
- GS 298. Interdisciplinary Project (2-6 units; max total 6)
- GS 299. Interdisciplinary Thesis (2-6 units; max total 6)
- 4. List all course numbers and official titles exactly as they appear in the General Catalog.
- 5. Please consult the Graduate Studies Regulations page in the General Catalog prior to completing this form.

Independent S	Study Description(s) (if applicable) (A maximum of 6 units are allowed)
Time to comp	lete program (5-year maximum):
Additional De	egree Requirements:
The following Study:	requirements must be completed during the first 15 units of the Graduate Plan of
•	graduate students must demonstrate their competence in written English.
	cribe means for demonstrating skills (Note: It is recommended that an approved procedure one of the identified graduate programs be utilized):
2. Othe	er requirements as recommended by Advisory Committee:
a.	Foreign Language Not Required
b	. Qualifying Exam
	. Qualifying Exam 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 de	escription of the	olanned 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 (Must be men	nber of graduate group)			
Member #1				-
Member #2				
Member #3				
Member #4				

V. COMMITTEE CHAIR ASSESSMENT AND RECOMMENDATION FORM

Student's Name:			
Telephone:			Date
Please check as appropriate. Comment	s /sugges	tions wou	ld be helpful.
I have had an opportunity to review the following observations:	proposal	and discu	uss it with the applicant and offer the
following observations:	AGREE	DISAGREE	COMMENTS/SUGGESTIONS
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.			
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.			
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.			
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT			
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.			
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.			
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.			
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.			
OTHER OBSERVATIONS:			'
NAME (PRINT)			SIGNATURE DATE

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OTHER OBSERVATIONS:	l	I	
NAME (PRINT)			SIGNATURE DATE
(11111)			DITE.

STUDENT'S NAME:		•
NAME OF DEGREE:		
University Graduate Committee Re	commendation:	
Approved:	_	
Resubmit:	-	
Deny:	_	
Reason for denial:		
Othorn		
Other:		
	CHAIR, UNIVERSITY GRADUATE COMMITTEE	DATE
	DEAN, DIVISION OF GRADUATE STUDIES	DATE

STUDENT'S NAME:		
NAME OF DEGREE:		
	TECHNICAL REVIEW	
Technical review completed	DATE by	
	TECHNICAL REVIEW	
Technical review completed	DATE by	
Comments on Technical Review:		
	TECHNICAL REVIEW	
Technical review completed	DATE by	
Comments on Technical Review:		
	TECHNICAL REVIEW	
Technical review completed	DATE by	
Comments on Technical Review:		