Interdisciplinary Studies Program Plan

Office of Graduate Studies

California State University, Chico

Date

Name_____ ID#

Title Email

Degree

MA

MS Interdisciplinary Studies:

Phone

LIST ONLY THOSE COURSES CONSTITUTING YOUR MASTER'S DEGREE PROGRAM (Consult appropriate catalog for specific program and general university requirements.)

Term	Dept & No.	Course Title	Units	Grade	Course Substitution/Institution (if taken elsewhere)	Office Use Only

ADDITIONAL REQUIREMENTS (Mark the appropriate item, and indicate the title or topic if applicable.)

Thesis

Title or Topic: -

Project

PLEASE NOTE: Persons completing a thesis or project must comply with university policy on the use of human and animal subjects.

I understand that my program is subject to Advisory Committee and that any changes		GRADUATE COORDINATOR (Signature)		DATE	2 nd COMMITTEE MEMBER (Signature)	(Printed Name)	DATE
by the committee members and my Gradua	te Coordinator.	COMMITTEE CHAIR (Signature)	(Printed Name)	DATE	3 rd COMMITTEE MEMBER (Signature)	(Printed Name)	DATE
CANDIDATE (Signature)	DATE	1 st COMMITTEE MEMBER (Signature)	(Printed Name)	DATE	GRADUATE STUDIES APPROVAL		DATE
FOR OFFICE USE ONLY: ADMITTED TO CI 09/2019	LASSIFIED STATUS	ADVANC	ED TO CANDIDACY _		EXPIRATION DATE	3	

MA/MS Interdisciplinary Studies Department Approval

Office of Graduate Studies - California State University, Chico

To be signed by all departments taking part in your degree program plan

Student's Name:
Chico State ID Number
\square MA or \square MS
Title of the Degree: Interdisciplinary Studies:
Project Title:
or
Thesis Title:

Departmental Approval

I have reviewed the attached Interdisciplinary Studies Master's Degree Program Plan and the Justification of the program. For this student, I approve of the courses taken in my department, the rigor of the program and the degree title as stated above. I verify that the courses will be available to the student.

Department Chair or Graduate Coordinator

Name	Department
Signature	Date
Name	Department
Signature	Date
Name	Department
Signature	Date
9/2019	