

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 _____

MA or 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