

Interdisciplinary Studies Program Plan

Office of Graduate Studies

California State University, Chico

Name _____ Degree Title _____ MA _____ MS _____ Interdisciplinary Studies: _____ Date _____

ID# _____ Email _____ Phone _____

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

Table with 7 columns: Term, Dept & No., Course Title, Units, Grade, Course Substitution/Institution (if taken elsewhere), Office Use Only. It contains multiple empty rows for data entry.

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

Thesis _____ Project _____ Title or Topic: _____

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 approval by my Advisory Committee and that any changes must be approved by the committee members and my Graduate Coordinator.

Carson Medley
GRADUATE COORDINATOR (Signature) DATE
2nd COMMITTEE MEMBER (Signature) (Printed Name) DATE
COMMITTEE CHAIR (Signature) (Printed Name) DATE
3rd COMMITTEE MEMBER (Signature) (Printed Name) DATE
1st COMMITTEE MEMBER (Signature) (Printed Name) DATE
GRADUATE STUDIES APPROVAL DATE

CANDIDATE (Signature) _____ DATE _____ 1st COMMITTEE MEMBER (Signature) (Printed Name) _____ DATE _____ GRADUATE STUDIES APPROVAL _____ DATE _____

FOR OFFICE USE ONLY: ADMITTED TO CLASSIFIED STATUS _____ ADVANCED TO CANDIDACY _____ EXPIRATION DATE _____ 09/2019

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