

INDIVIDUALIZED MAJOR

Student Name: \_\_\_\_\_

Title of Major: \_\_\_\_\_

All College Requirements needed: General    ACR I    ACR II

Major Courses: (please list)

Approval of involved departments:

Advisor: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/ Associate Dean: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/ Associate Dean: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/ Associate Dean: \_\_\_\_\_ Date \_\_\_\_\_

Vice President for Academic Affairs: \_\_\_\_\_ Date \_\_\_\_\_