

**TEMPLATE
PROPOSED PLAN OF STUDY
Individually Designed Thematic Option
INTERDISCIPLINARY STUDIES**

Student Name: _____
Student ID# _____

TITLE:

DESCRIPTION:

GOALS: (Minimum of 2-3)

PROPOSED CLASSES

(45 upper-level units from at least three different departments or programs)

	Name	Number	Units	Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

APPROVAL:

INTERDISCIPLINARY STUDIES DIRECTOR:

Signature: _____ **Date:** _____

FACULTY ADVISER:

Signature: _____ **Date:** _____

Name & Department: _____

STUDENT:

Signature: _____ **Date:** _____

(Include a copy of the program that serves as a model for your proposal.)