Self-Designed Major Proposal

Proposal must be submitted to the Office of the Registrar by the **first day of pre-registration** for courses for Fall semester of senior year.

Name _____ ID _____ Degree BA Major SFDM

Phone _____ Box _____ Class Year _____ Date _____

A self-designed major consists of **at least 36 semester hours**; required coursework should include no fewer than **eight semester hours at the 300 level of higher,** and **no more than twelve semester hours at the 100 level**. Additionally, the self-designed major must accomplish the general education goals required in any major. The major must include courses that allow the student to address the component of the writing goal within the major (i.e., **two of the classes** counted toward the self-designed major **must be writing intensive – W**), the Speaking goal, the Research goal, the Computing goal and the Diversity of Human Experience goal.

Self-Designed Major Title (no more than 30 characters) _____

PROPOSED COURSEWORK

Course	Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total credits	_____

RATIONALE

A rationale for the proposed selection of courses and the student's objectives in creating a particular self-designed major. Provide as an attachment.

END-POINT ASSESSMENT

A plan for formal end-point assessment activities devised in conjunction with the faculty team. Provide as an attachment.

___ Check if dual major and indicate your other previously declared major: _____ **Dual majors** – Should the self-designed adviser be listed as your **primary** adviser (approves your registration access each semester) _____ Yes _____ No

___ Check if replacing a previously declared major: _____ and/or replacing a previously declared minor: _____

FACULTY APPROVAL

Approval of the proposal by the faculty team (minimum three members) and the Chair of the department of the Faculty Adviser.

(Adviser) 1) _____ Dept _____ Date _____

2) _____ Dept _____ Date _____

3) _____ Dept _____ Date _____

Department Chair of Adviser 4) _____ Dept _____ Date _____

FINAL APPROVAL _____ Date _____ Office Use Only: _____ Date processed

09/12 *Registrar – Recitation Hall Room 21* Copies to: _____ Student _____ Faculty members