



Office of the Registrar

Self-Designed Major (SFDM) Proposal Form

Signatures are required for processing. Return completed form to Student Services, Recitation Hall room 21
or scan and email to registrar@wittenberg.edu.

Name _____ Student ID# _____
Phone# _____ Email _____ Class Year _____

Note: Wittenberg only offers a Bachelor of Arts degree for a Self-Designed Major. A self-designed major consists of at least 36 credits; required coursework should include no fewer than eight credits at the 300-level or higher, and no more than twelve credits at the 100-level. Additionally, the self-designed major must accomplish the general education goals required of any major (*Faculty Manual*, Academic Policies). The self-designed major must include two additional courses that allow the student to gain discipline-specific writing experience within the major (i.e., two of the classes counted toward the self-designed major should be approved by the advisor as courses that provide discipline-specific writing instruction). The self-designed major must also work with their advisor to complete the culminating reflection requirement of LO1 in the Connections Curriculum.

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

PROPOSED COURSEWORK

Course Number	Course Title	Credits
Total Credits		

Dual majors

Is this self-designed major your **primary** major? This impacts which department you will walk with at Commencement.

☐ Yes, the Self-Designed Major is my primary major. ☐ No, _____ is my primary major.

I understand that if I wish to make any changes to these courses, I will need to submit a new Self-Designed Major declaration with new approvals from all of my advisors.

Student's Signature

Date

RATIONALE

Please provide a rationale for the proposed selection of courses and your objectives in creating this particular self-designed major.

END-POINT ASSESSMENT

Please provide a plan for formal end-point assessment activities devised in conjunction with the faculty team.

FACULTY APPROVAL

Primary Advisor's Signature	Printed Name	
Second Advisor's Signature	Printed Name	Date
Third Advisor's Signature	Printed Name	Date
Department Chair's Signature	Printed Name	Date

Office Use Only		
Registrar's Signature (Final Approval)	Date Approved	
Grad Date:_____ Admit Stat:_____ Cat Yr:_____ Ex/Ov:____/____	Date Processed:	Processed by: _____
Notes:		