INTERDISCIPLINARY STUDIES PROGRAM

CHANGE REQUEST FORM

*(Please type and return to the Office of the Coordinator)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:**  |  | Banner | **ID:** |   |
|  |
| **Date:**  |   |  Telephone: **Campus:**  |  |  **Home:**  |   |
|  |
| **Campus Address:** |   |
|  |
| **Home Address:** |   |
|  |
| **Semester Hours Completed to Date:** |  |  | **Grade Point Average:** |  |
|  |
| **Title of IDS Degree Program :** |  |
|  |
| **Subject Concentration Areas:** |   |
|  |
|  |  |
|  |
| *Identify the type of change requested (course addition, deletion, or substitution; emphasis modification among subject areas of concentration; format or content of project; advisor(s); degree program; etc.):* |
|  |
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|  |
|  |
|  |

|  |  |
| --- | --- |
| **Rational for requested change:** |  |
|  |
|  |
|  |
|   |
|  **Desired effective date of your requested change:** |  |
|  |  |  |

 (*Primary Advisor’s Signature & Date)* (*Secondary Advisor’s Signature & Date)*

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| --- | --- |
| **IDS Committee Action and Date:** |  |
|  |  |

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 *Coordinator’s Signature*