INTERDISCIPLINARY STUDIES PROGRAM

CHANGE REQUEST FORM

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

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| **Name:** |  | | | | | | | | Banner | | | **ID:** | |  | |
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| **Date:** |  | | | Telephone: **Campus:** | | | | | |  | | | **Home:** | |  |
|  | | | | | | | | | | | | | | | |
| **Campus Address:** | | |  | | | | | | | | | | | | |
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| **Home Address:** | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Semester Hours Completed to Date:** | | | | | | |  |  | | | **Grade Point Average:** | | | |  |
|  | | | | | | | | | | | | | | | |
| **Title of IDS Degree Program :** | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Subject Concentration Areas:** | | | | |  | | | | | | | | | | |
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| *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:** |  | | |
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| **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*