

## Plan of Study – Bachelor of Science in Interdisciplinary Studies

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_ Student ID \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Area #1 \_\_\_\_\_ Area #2 \_\_\_\_\_

Area #3 (if applicable) \_\_\_\_\_ Area #4 (if applicable) \_\_\_\_\_

### University Studies Curriculum:

Category	Course Prefix and Number	Course Title	Hours
First Year Intro. Course	UI100	First Year Seminar	
Composition Course	EN100	English Composition	

### *Core Curriculum*

Artistic Expression			
Literary Expression			
Oral Expression			
Written Expression			
Behavioral Systems			
Living Systems			
Logical Systems			
Physical Systems			
Development of a Major Civilization			
Economic Systems			
Political Systems			
Social Systems			

### *Interdisciplinary Curriculum*

300 Level Interdisciplinary			
300 Level Interdisciplinary			
400/500 Level Sr Seminar			

**TOTAL UNIVERSITY STUDIES CURRICULUM:**

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### General Graduation Requirements (includes 2.5 GPA minimum by time of graduation)

Requirement	Recommended completion	Semester (or projected semester) of completion
WP003 Writing Proficiency	after 75 hours	
MAPP 2 Exit Assessment	after 90 hours	
CL001 Career Proficiency	1 <sup>st</sup> semester	
CL002 Career Proficiency	2 <sup>nd</sup> or 3 <sup>rd</sup> semester	
CL003 Career Proficiency	4 <sup>th</sup> , 5 <sup>th</sup> or 6 <sup>th</sup> semester	
CL004 Career Proficiency	7 <sup>th</sup> or 8 <sup>th</sup> semester	

**Interdisciplinary Areas of Emphasis (minimum 12 hrs, maximum 30 hrs each – 2 to 4 areas required)**

(Special accreditation notes: 30 hr limit in business; education and nursing not permitted)

First Area: \_\_\_\_\_

Second Area: \_\_\_\_\_

Advisor for Area: \_\_\_\_\_

Advisor for Area: \_\_\_\_\_

Course Prefix and Number	Course Title	Hours
<b>TOTAL AREA #1</b>		

Course Prefix and Number	Course Title	Hours
<b>TOTAL AREA #2</b>		

Third Area (if applicable): \_\_\_\_\_

Fourth Area (if applicable): \_\_\_\_\_

Advisor for Area: \_\_\_\_\_

Advisor for Area: \_\_\_\_\_

Course Prefix and Number	Course Title	Hours
<b>TOTAL AREA #3</b>		

Course Prefix and Number	Course Title	Hours
<b>TOTAL AREA #4</b>		

<b>Total ID Areas: (minimum of 48 credit hours)</b>	
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**Interdisciplinary Studies Electives (a maximum of 21 hours may be applied to the plan)**

Course Prefix and Number	Course Title	Hours

Course Prefix and Number	Course Title	Hours
<b>TOTAL ELECTIVES</b>		

<b>Total 300-599 (upper) level courses (minimum 39 credit hours)</b>	
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TOTAL UNIVERSITY STUDIES (page 1)	
TOTAL ID AREAS (page 2)	
TOTAL ELECTIVES (page 3)	
<b>SUM (must be at least 120 hours):</b>	

**Faculty Advisors (please check which advisor should be listed as the primary):**

- Signature for 1<sup>st</sup> Area of Emphasis: \_\_\_\_\_ Date: \_\_\_\_\_
- Signature for 2<sup>nd</sup> Area of Emphasis: \_\_\_\_\_ Date: \_\_\_\_\_
- Signature for 3<sup>rd</sup> Area of Emphasis: \_\_\_\_\_ Date: \_\_\_\_\_
- Signature for 4<sup>th</sup> Area of Emphasis: \_\_\_\_\_ Date: \_\_\_\_\_

*Student's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBMIT TO: CENTER FOR ACADEMIC ADVISING  
ACADEMIC HALL ROOM 057, MAIL STOP 3333**

***For Office Use Only:***

**Total Hours Earned:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_

**Catalog Year:** \_\_\_\_\_