

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 st semester	
CL002 Career Proficiency	2 nd or 3 rd semester	
CL003 Career Proficiency	4 th , 5 th or 6 th semester	
CL004 Career Proficiency	7 th or 8 th semester	

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
TOTAL ELECTIVES		

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

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

- Signature for 1st Area of Emphasis: _____ Date: _____
- Signature for 2nd Area of Emphasis: _____ Date: _____
- Signature for 3rd Area of Emphasis: _____ Date: _____
- Signature for 4th 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: _____