## **Interdisciplinary Studies Proposal Coversheet**

## Please complete and attach this sheet to your proposal.

| <b>Student Name:</b>           |                             |                     |   |                      |                       |   |
|--------------------------------|-----------------------------|---------------------|---|----------------------|-----------------------|---|
| Student Number                 | (if known):                 |                     | Date:   |                      |                       |   |
| No more than 2                 | credit hours of 4 electives | may be from th      | (IDIS 704-3 plus 12 elective cre<br>ne same discipline. For this ap<br>dentify ONE (1) course to be | plication, it        | t is not necessary to |   |
| SUBJECT                        | COURSE<br>NUMBER            | CREDITS             |   | TITLE                |                       |   |
|                                |                             |                     | REQUIRED (15 CREDITS)   |                      |                       |   |
| IDIS                           | 798 / 799                   | 12                  | 798 - MSc Thesis  | OR<br>Indicate one.) | 799 - MA Thesis       |   |
| IDIS                           | 704                         | 3                   | Graduate Seminar in Interdisciple   | inary Studies        |                       |   |
| ELECTIVE                       | S (12 CREDIT                | (S) - Identify $()$ | ONE (1) elective course to be taken   | n in the first se    | emester of study.     | √ |
|                                |                             |                     |   |                      |                       |   |
|                                |                             |                     |   |                      |                       |   |
|                                |                             |                     |   |                      |                       |   |
| Please explain ho              | w selected co               | urse(s) relate(s)   | to the program of study:  |                      |                       |   |
| Applicant Signati              | ure:                        |                     | Da  | te:                  |                       |   |
| The undersigned                | agree(s) to si              | upervise the abo    | ve named student and has read   | their propos         | al:                   |   |
|                                | ::                          |                     | Signature:  |                      | Date:                 |   |
| Co-Supervisor (if applicable): |                             |                     | Signature:  |                      | Date:                 |   |
| Additional signat              | ures (to be ob              | otained by the S    | upervisor):   |                      |                       |   |
| Program Chair of               | the Superviso               | or's Department     | /Program  |                      |                       |   |
| Name:                          |                             |                     | Signature:  |                      | Date:                 |   |
| Interdisciplinary S            | Studies Gradu               | ate Program Ch      | air   |                      |                       |   |
| Name:                          |                             |                     | Signature:  |                      | Date:                 |   |