

COLLEGE OF ARTS & SCIENCES

Major Requirements Plan

Topical Studies

Name _____

SID# _____

Permanent Mailing Address _____

Local Address _____

E-Mail Address _____

Phone _____

Name of Topic: _____

Major Requirements (≥ 42 hrs)

<u>Course & Title</u>	<u>Hrs</u>	<u>Course & Title</u>	<u>Hrs</u>	<u>Course & Title</u>	<u>Hrs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Hours on the Major Requirements Plan (must be at least 42): _____

Faculty Advisor's Name (please print)

Faculty Advisor's Signature

Date:

Topical Studies Coordinator's Signature:

Date:

A&S Dean's Office Use Only

Signature of Dean:

Date approved: