Valparaiso University

COLLEGE OF ARTS AND SCIENCES

INDIVIDUALIZED MAJOR

ID # _____ Date _____

Name _____
(please print)

Local Address _____ Phone _____

Expected Date of Graduation: _____ Degree (B.A. or B.S.): _____

Title of Major _____

Adviser's Name _____

Please list all courses in your Individualized Major. The major will consist of 30-48 credits. This proposed Individualized Major must be submitted to the Dean of the College of Arts and Sciences for approval not later than the deadline for filing for degree.

Dept.	Course #	Title of Course	# Credits	Comments

Total Number of Credits _____

Student's Signature _____ Date _____

Adviser's Signature _____ Date _____

Dean's Approval _____ Date _____

REMINDER: ATTACH RATIONALE FOR THIS MAJOR Original: Dean Copies: Registrar, Student, Advisor