



# Interdisciplinary Studies Degree Plan

Name (Last, First Middle) \_\_\_\_\_ ID # \_\_\_\_\_  
 Student Email \_\_\_\_\_ Phone # \_\_\_\_\_  
 Advisor Audra O'Neal  
 Degree Plan Start \_\_\_\_\_ Type \_\_\_\_\_  
 Concentration (or "Self-Styled") \_\_\_\_\_

**Primary Academic Area (12-18 hrs):**

Course	Semester	Grade	Credits

**Academic Area 2 (minimum 6 hrs):**

Course	Semester	Grade	Credits

**Academic Area 3 (minimum 6 hrs):**

Course	Semester	Grade	Credits
INSD 5110 – Intro to INSD Research			3
INSD 5940 – Capstone (required)			3
<b>TOTAL HOURS COMPLETED (30 required for degree)</b>			<b>30</b>

I acknowledge receipt of this degree plan. Any courses I take that have not been approved by my advisor may not be counted toward my degree.

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Advisor Approval  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Faculty Approval  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

To be completed by Dean of the Graduate School --  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_