

**SECTION II**  
**PROPOSAL FOR PURSUING**  
**INTERDISCIPLINARY STUDIES MASTER'S DEGREE PROGRAMS**

**I. BACKGROUND INFORMATION FOR APPLICANT**

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
                    STREET                    CITY                    STATE                    ZIP

E-mail Address \_\_\_\_\_

Undergraduate Degree \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Date Degree Granted \_\_\_\_\_ Institution \_\_\_\_\_ Overall GPA \_\_\_\_\_

Current Enrollment Status \_\_\_\_\_ Postbaccalaureate GPA \_\_\_\_\_

Date of Application for University Admission \_\_\_\_\_

Standardized Test Scores:

\_\_\_\_\_ Test Date \_\_\_\_\_  
GRE VERBAL QUANTITATIVE (IF NOT ALREADY TAKEN)  
\_\_\_\_\_ GMAT TOEFL

**Additional Information:**

Provide any additional comments or documentation regarding academic or professional preparation and qualifications that specifically address academic study and research in the requested degree program.

**Complete all sections as required and submit your proposal and supporting documents to:**

**Dean, Division of Graduate Studies**  
**California State University, Fresno**  
**Harold H. Haak Administrative Center**  
**5200 North Barton Avenue M/S ML51**  
**Fresno, CA 93740-8014**

## II. STATEMENT OF PURPOSE

### Official Title of Degree

\_\_\_ Master of Arts (MA) Interdisciplinary Studies or

\_\_\_ Master of Science (MS) Interdisciplinary Studies

**NB:** The MS in Interdisciplinary Studies is awarded for programs that include breadth of scientific knowledge as well as attainment of specific professional competencies in scientific research methodologies and data-driven analysis. MS degrees are appropriate for those who wish to engage in professional science-related careers that cross over several traditional specializations. The MA in Interdisciplinary Studies is awarded in all fields, particularly those that include the arts, letters, and humanities.

### Working Title

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### Nature and Purpose of Proposed Program of Study

**Academic and Career Goals to be met Through Completion of This Program**

**Identify Resources (faculty and facilities) Required**

**Justification for Requesting the Interdisciplinary Major**



**Independent Study Description(s) (if applicable)** (A maximum of 6 units are allowed)

**Time to complete program (5-year maximum):** \_\_\_\_\_

**Additional Degree Requirements:**

The following requirements must be completed during the first 15 units of the Graduate Plan of Study:

1. All graduate students must demonstrate their competence in written English.

Describe means for demonstrating skills (Note: It is recommended that an approved procedure from one of the identified graduate programs be utilized):

2. Other requirements as recommended by Advisory Committee:

a. Foreign Language \_\_\_\_\_

Date Passed \_\_\_\_\_ Not Required \_\_\_\_\_

b. Qualifying Exam \_\_\_\_\_

Date Passed \_\_\_\_\_ Not Required \_\_\_\_\_

c. Other: \_\_\_\_\_

\_\_\_\_\_

**Thesis Requirement:**

All interdisciplinary studies major students are required to submit an acceptable thesis. A preliminary topic for the thesis should be presented as part of the proposal to obtain a Master's Degree Interdisciplinary Studies major. The thesis committee members are not required to be from the Advisory Committee. Please refer to the General Catalog for requirements regarding criteria for thesis.

Proposed Thesis Title: \_\_\_\_\_

Provide a brief description of the planned thesis topic.

#### IV. FACULTY COMMITTEE NOMINATION FORM

Identify the faculty members who you would like to have serve on your Advisory Committee and secure their signatures to indicate their willingness to serve on your committee.

	NAME	SIGNATURE	DEPARTMENT	TELEPHONE
Committee Chair (Must be member of graduate group)	_____	_____	_____	_____
Member #1	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____

**V. COMMITTEE CHAIR ASSESSMENT AND RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_

Date

Telephone: \_\_\_\_\_

Please check as appropriate. Comments /suggestions would be helpful.

I have had an opportunity to review the proposal and discuss it with the applicant and offer the following observations:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>COMMENTS/SUGGESTIONS</u>
1. THIS PROGRAM WOULD EFFECTIVELY FULFILL THE STUDENT'S EXPRESSED NEEDS.			
2. THE STUDENT HAS ACQUIRED AN APPROPRIATE ACADEMIC BACKGROUND FOR THE PROPOSED PROGRAM.			
3. PREREQUISITES AS IDENTIFIED IN THE PROPOSAL ARE SUFFICIENT.			
4. FACULTY ADVISORY MEMBERS AS IDENTIFIED ARE APPROPRIATE AND AVAILABLE FOR THIS ASSIGNMENT			
5. LIBRARY, COMPUTER, LABORATORY, AND/OR FIELD-BASED FACILITIES ARE ADEQUATE AND AVAILABLE TO THE STUDENT.			
6. THE STUDENT HAS DEMONSTRATED THE ESSENTIAL PROFESSIONAL AND ETHICAL STANDARDS AS REQUIRED FOR ENTRANCE IN THE FIELD.			
7. AS PRESENTED, THE PROGRAM REPRESENTS A COHESIVE, RIGOROUS PATTERN OF STUDY AT THE GRADUATE LEVEL.			
8. THIS STUDENT'S NEEDS COULD BE MET BETTER THROUGH ANOTHER MEANS.			

OTHER OBSERVATIONS: \_\_\_\_\_

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\_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

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Student's Name: \_\_\_\_\_

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NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT/OFFICE AND PHONE NUMBER \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

NAME OF DEGREE: \_\_\_\_\_

University Graduate Committee Recommendation:

Approved: \_\_\_\_\_

Resubmit: \_\_\_\_\_

Deny: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
CHAIR, UNIVERSITY GRADUATE COMMITTEE      DATE

\_\_\_\_\_  
DEAN, DIVISION OF GRADUATE STUDIES      DATE

STUDENT'S NAME: \_\_\_\_\_

NAME OF DEGREE: \_\_\_\_\_

**TECHNICAL REVIEW**

Technical review completed \_\_\_\_\_ by \_\_\_\_\_  
DATE

Comments on Technical Review: \_\_\_\_\_

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