

## RHODES COLLEGE

**DECLARATION OF MAJOR  
(SELF-DESIGNED, INTERDISCIPLINARY)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Rhodes ID Number: R \_\_\_\_\_

**NOTE: This form is to be used only to declare a self-designed, individualized major combining two or more departments. Interdisciplinary majors currently listed in the catalogue should be declared using the regular form. The title of the proposed interdisciplinary major must contain the names of the departments involved.**

Students who wish to declare an interdisciplinary major that does not have an approved program of study should consult the Rhodes Catalogue under the heading "Interdisciplinary Majors" for the proper procedure to follow. All forms are to be submitted to the Registrar who will forward them to the Educational Program Committee.

This Declaration of Interdisciplinary Major must be submitted to the Educational Program Committee no later than the end of the first semester of the junior year. This deadline assumes that an original declaration of major was filed during the sophomore year. This form also may be submitted in lieu of the normal Declaration of Major form during the sophomore year. Any changes in this major program must be approved by the Educational Program Committee.

All official records of a student's progress at the college are kept by the Registrar. It is suggested that each student maintain a record of coursework and progress as well since the ultimate responsibility for meeting degree requirements is that of the student. An appointment with the Registrar for an official evaluation of degree and major requirements may be made at any time.

Proposed Interdisciplinary Major: \_\_\_\_\_

Circle the degree you plan to receive:    BA        BS

Proposed graduation date (month and year): \_\_\_\_\_

Catalog year of major and degree requirements you are following: \_\_\_\_\_

Proposed major courses:                      See reverse side of this form.

Student's petition for the major:              Refer to the procedure outlined in the catalog. Attach completed petition to this form.

Senior year culminating experience:        Include description of the culminating experience (senior seminar, project, etc.) with written portion of this declaration.

Advisor #1 (advisor of record): \_\_\_\_\_

Advisor #2: \_\_\_\_\_

If changing faculty advisors, you must notify your previous advisor of this declaration of major so that appropriate records may be forwarded to your new major advisor.

Signature: \_\_\_\_\_  
(Previous Advisor)

The program of courses outlined here meets the requirements for a degree. I understand that it is my responsibility to be aware of all degree requirements and of my progress toward fulfilling them.

Student's Signature: \_\_\_\_\_

**PROPOSED MAJOR COURSES**

Department: \_\_\_\_\_

Course No.	Hours	Course Title	Status (Indicate year)		
			Taken	In Progress	To Be Taken
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Department: \_\_\_\_\_

Course No.	Hours	Course Title	Status (Indicate year)		
			Taken	In Progress	To Be Taken
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Required Courses:

Dept & Course No.	Hours	Course Title	Status (Indicate year)		
			Taken	In Progress	To Be Taken
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In the spaces below for each semester, fill in the courses you have taken and those that you plan to take in the future to fulfill your degree requirements and your major department requirements. Place an asterisk (\*) by those courses which fulfill major requirements and the appropriate number for those that satisfy Foundation or General Degree Requirements. Consult the catalogue that you are using for the complete descriptions of the requirements for your degree. This form is not meant to describe those requirements in full, but to assist you in planning your coursework for your remaining semesters at Rhodes.

	Fall	Spring	Summer
First-Year	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Total Credit: _____	_____	_____
Sophomore	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Total Credit: _____	_____	_____
Junior	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Total Credit: _____	_____	_____
Senior	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Total Credit: _____	_____	_____

**Credits Required to Graduate:**

- Class of 2010 124**
- Class of 2011 128**
- Class of 2012 128**

**ADVISORS AND DEPARTMENT CHAIRS COMMENTS AND ENDORSEMENTS**

Faculty Advisor #1 Comments:

Signature:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Faculty Advisor #2 Comments:

Signature:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Department Chairs' Comments:

Signature:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

The interdisciplinary major as described above is approved for submission to the Educational Program Committee.

Registrar's Signature: \_\_\_\_\_

The interdisciplinary major as described above is approved.  
For the Educational Program Committee:

Chair's Signature: \_\_\_\_\_