

**CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES
COMPLETE CURRICULUM FORM**

NAME: _____ **Class:** _____

Proposed Major/Minor: _____

Faculty Advisor: _____ **Department** _____

Faculty Advisor: _____ **Department** _____

Fall Semester 20 _____

Spring Semester 20__

Fall Semester 20__

Spring Semester 20__

Fall Semester 20 _____

Spring Semester 20 _____

Fall Semester 20__

Spring Semester 20__

PLACE AN ASTERISK BY THE COURSES IN YOUR MAJOR/MINOR