

RECOMMENDATION

I have reviewed the student's rationale for requesting this special major. I find the academic content area proposed in the course of study available on this campus, and judge the depth and breadth of study of sufficient academic rigor to recommend upon its completion that the student be awarded the Bachelor of _____ Degree. This recommendation is predicated upon the student's completion of all other University requirements for the degree.

Department:	Advisor's Signature:	Date:
	Department Chair's Signature:	Date:
Department:	Advisor's Signature:	Date:
	Department Chair's Signature:	Date:

Signature of Associate Dean(s) -- see item 3 of procedures:

College:	Associate Dean:	Date:
College:	Associate Dean:	Date:

This program has been approved for a Bachelor of (check one) Arts Science degree: Special Major

Approved: _____ **Date** _____
 (Director of General Education)

Comments or Other Action:

Graduated: _____