

UAA INTERDISCIPLINARY (INDS) MASTER'S PROGRAM

Proposed Graduate Studies Plan

Applicants Full Name:					UAA Student ID:		
Email:				Date of Birth:			
A. Degree	Information Sought: Interdisciplinar	y I	vith your proposed committee MS MA INDS Title:				
B. Propose	ed Committee Member	`S			200		
C		40	Printed Name		Department/College	e	
1st member	air (requires letter of endorsemen	t)					
2 nd Member							
3 rd Member							
C. Courses	s and Credits 600 level credits: (minim			-	uate degree program(s) at UAA.	a w	
Semester	Course Dept. & Number		Cou	rse Title		Credits	
U AA	400 level credits:						
Semester	Course Dept. & Number		Cou	rse Title		Credits	
	•)-, and or 400- level courses.): paring you for your program, but do	not count to	ward degree requirements.		
Semester	Course Dept & Number		Cou	rse Title		Credits	

Transfer Courses: Graduate degree credits will be transferable within the UA system and from any other regionally accredited institution for courses in which the student has received a grade of "B" or better. See the UAA catalog for additional stipulations. All courses must be within the seven year limit and not used towards a prior degree.

Semest	er Course Dept & Number		Course Title	Credits
Semest	Course Dept of Fundament		<u> </u>	Greats
	Courses to be transferred from:			
		Nam	e of Institution(s)	
	Total Program Credits:			
Researc	ch and Thesis/Project Credits	(must have at least 6 credits of thesis o	r project)	
Gradua	te Courses (other than A699 t	hesis credits)		
	raduate Courses (400 level on			
Total N	Tumber of Credits (30 credits in	minimum required)		
			cant and their committee chair prior to submissio	n of the UAA
Date of N	Meeting:			
	Based on the applicant's care research and interdisciplinary		ent on the significance and feasibility of the	proposed
2.	Briefly explain why this prog	ram does not fit under an existing grad	uate degree program at UAA.	
3.	What expertise will be requir	ed from the student's committee to assi	st the applicant in their master's program?	
	Describe the key academic st success in the INDS program		rience) of the applicant that will increase the	: likelihood of
Committ	ee Chair Name	Signature	Department/College	 Date

Approved by:

Printed Name	Signature	Program/ College	Date
Home Program Director/Chair			
Home College Dean			
Graduate School Dean:		Graduate School	

 $Please\ email\ the\ completed\ form\ to\ the\ Office\ of\ the\ Graduate\ School\ (\underline{esmattion@alaska.edu})\ for\ final\ approval\ and\ processing.$