

Distance Learning Center  
University of Wisconsin-Superior  
68-1000-3 (Rev. 01/09)

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

Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

***Amendment to an Approved Interdisciplinary Studies Major***

**Note to student: A copy of the previously approved major must be attached.**

**1) Discipline to be amended:**

**Action to be taken:**

**Reason:**

**Faculty approval:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**2) Discipline to be amended:**

**Action to be taken:**

**Reason:**

**Faculty approval:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Student \_\_\_\_\_

Date \_\_\_\_\_

Advisor \_\_\_\_\_

Date \_\_\_\_\_

Director, Distance Learning Center \_\_\_\_\_

Date \_\_\_\_\_

University Credits Committee:    Approved \_\_\_\_\_    Denied \_\_\_\_\_

Registrar \_\_\_\_\_

Date \_\_\_\_\_