



Registrar's Office

INTERDISCIPLINARY STUDIES MAJOR PETITION

University of Wisconsin – Superior
(Rev. July 2017)

Requirements:

1. Minimum of 51 total comprehensive major credits
2. A minimum of 3 different discipline areas
3. Minimum of 9 credits, maximum of 22 credits, in each discipline area
4. A minimum of 22 credits must be in courses numbered 300 or higher
5. Must complete IDS 300 Individualized Educational Planning
6. Must include a Capstone course
7. Student must have earned at least 43 credits prior to submitting the IDS petition form
8. Must submit (and have approved by the Credits and Student Reinstatement Committee) an Interdisciplinary Studies petition form

Directions: Before completing this form, be sure to refer to the Guidelines for the Interdisciplinary Studies Major. Please fill out electronically or use ink, not pencil. After your petition is acted upon, a copy will be returned to you to indicate the action of the Credits Committee.

Name: _____ Student ID #: _____

Address: _____ City, State, Zip: _____

Major Title: _____

(Limit 24 letters and spaces)

Supporting Statement for the Interdisciplinary Studies Major: *Attach a separate page on which you include a statement explaining why you cannot accomplish your educational objectives through an existing program and how the courses you propose will help you to accomplish them. The quality of this statement, combined with the clarity of your objectives and the appropriateness of your proposed courses, will determine the outcome of your petition.*

Student's Signature: _____

Date: _____

<i>Discipline:</i>	<i>Prefix & course no.</i>	<i>Course Title</i>	<i>Credits</i>	<i>Grade</i>

Total Credits included in Major _____ (Minimum 51 semester credits)

Upper Division Credits included in Major _____ (Minimum 22 semester credits)

IDS Coordinator or Advisor: _____ Date: _____

FACULTY PANEL COMMITTEE APPROVAL

Discipline	Credits	Percentage	Faculty Signature	Date
_____	_____	_____	_____	_____
			Print name _____	
_____	_____	_____	Faculty Signature _____	Date _____
			Print name _____	
_____	_____	_____	Faculty Signature _____	Date _____
			Print name _____	
_____	_____	_____	Faculty Signature _____	Date _____
			Print name _____	

University Credits Committee: Approved Denied

Registrar Signature: _____ Date: _____

Distribution: Registrar's Office Distance Learning Center Advisor