

CONCORD UNIVERSITY
Interdisciplinary Studies Degree
PROGRAM REVISION

NAME _____ Student ID# _____

ADDRESS _____ DATE _____

HOURS COMPLETED _____ GRADE POINT AVERAGE _____

DEGREE SOUGHT _____ (BA/BS) Interdisciplinary Studies

AREAS OF CONCENTRATION _____

REQUESTED PROGRAM REVISIONS:

Advisor _____

Coordinating Committee

Division Chairs

Vice President and Academic Dean _____

All persons signing the application form must approve any changes made in the program.

Fall 2013