

PROGRAM DESCRIPTION: In the space provided, please describe your plan for the IDM, including your rationale for completing an IDM rather than a traditional departmental or program major, a double major, or a major and a minor. *(Attach a separate sheet if necessary or if you prefer)*

DEPARTMENTAL AND DEAN'S APPROVAL:

1) **PRIMARY DEPARTMENT**

DUS's Signature: _____

Advisor's Signature: _____

2) **SECONDARY DEPARTMENT**

DUS's Signature: _____

Advisor's Signature: _____

3) **Student's Signature:** _____

Submit this form with required signatures to Dean Jeff Forbes's office in 011 Allen Bldg, (919) 660-6550

Dean Jeff Forbe's Signature and Appoval _____