DUKE UNIVERSITY
TRINITY COLLEGE OF ARTS AND SCIENCES
INTERDEPARTMENTAL MAJOR PROPOSAL

Student Name: ______________________________________________  *Student ID: ____________________

Duke E-Mail: ___________________________  Date of Proposal: ________________________________

Expected Graduation Date: ________________  Degree Intended (AB or BS) ____________________
(Note: The BS degree is an option only if the primary department offers a BS.)

Title of IDM: ________________________________________________________________________

Primary Department: ________________________________________________________________

Primary Advisor: ____________________________________________________________________

Secondary Department: ______________________________________________________________

Secondary Advisor: _________________________________________________________________

*Your Student ID number is available in DukeHub. Please do NOT submit your Unique ID number.

COURSE LIST

• Must include at least 14 courses, evenly drawn from two majors, all of which must be among courses normally acceptable for a major.
• Must include at least 10 courses at the advanced (200+) level
• At least 4 of 7 courses in each department must be taught within the department

<table>
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<tr>
<th>Department/Course # (ex. History 325)</th>
<th>Course Title</th>
<th>Course Credits</th>
<th>Completed? Y/N</th>
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Please also submit your course list as a spreadsheet to Dean Murphy at karen.murphy@duke.edu.

Once approved, please note that any changes in the courses listed above will require approval by the advisors and DUSs in both departments.
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 or sheets if necessary or if you prefer.)

DEPARTMENTAL AND DEAN APPROVAL SIGNATURES:

1) PRIMARY DEPARTMENT
   DUS’s Signature: ____________________________________________________________
   Advisor’s Signature: ________________________________________________________

2) SECONDARY DEPARTMENT
   DUS’s Signature: ____________________________________________________________
   Advisor’s Signature: ________________________________________________________

3) Student’s Signature: ________________________________________________________

Submit your completed IDM request to Dean Karen Murphy, karen.murphy@duke.edu.

Dean Karen Murphy’s Signature Confirming IDM Approval: __________________________ Date: __________