



**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.)*

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**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](mailto:karen.murphy@duke.edu).*

Dean Karen Murphy's Signature Confirming IDM Approval: \_\_\_\_\_ Date: \_\_\_\_\_