

**TENTATIVE PROGRAM OF STUDY FOR INTERDISCIPLINARY STUDIES PROGRAM**

Applicant Name: \_\_\_\_\_  
(please type or print)

UO Student ID (if known): \_\_\_\_\_ Proposed Term/Year to begin program: \_\_\_\_\_

**Credit requirements:**

- **At least 12 graduate credits in each area for a minimum total of 36 credits of coursework. Of the 36 credits, 24 must be graded and 9 must be 600-level**
- **9 credits of thesis or terminal project**

**Committee Member #1 (Chairperson)**

Name: \_\_\_\_\_  
(please type or print)

Signature: \_\_\_\_\_  
\*I agree to the support statement on page 2

Dept/Program #1: \_\_\_\_\_

Date: \_\_\_\_\_

Department	Course #	Course Title	Credit Hrs.	Grade Option
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Committee Member #2**

Name: \_\_\_\_\_  
(please type or print)

Signature: \_\_\_\_\_  
\*I agree to the support statement on page 2

Dept/Program #2: \_\_\_\_\_

Date: \_\_\_\_\_

Department	Course #	Course Title	Credit Hrs.	Grade Option
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF PROPOSING A 3-DEPARTMENT PROGRAM OF STUDY: Enter 3<sup>rd</sup> committee member's information below. Leave committee member blank if proposing a 2-department program of study.

Committee Member #3

Name: \_\_\_\_\_  
(please type or print)

Signature: \_\_\_\_\_  
\*I agree to the support statement below

Date: \_\_\_\_\_

Choose One Option:

Dept/Program #3: \_\_\_\_\_

Or

At least 12 credits of electives from any department(s)

Department	Course #	Course Title	Credit Hrs.	Grade Option
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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IST 503 Thesis    or    IST 609 Terminal Project                      9                      P/NP

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( ) Accepted.                      ( ) Rejected. Comments:

Signature: \_\_\_\_\_  
Vice Provost of Graduate Studies

Date: \_\_\_\_\_

**\*ISP Committee Member Support Statement:**

**I have reviewed this applicant's statement of purpose and supporting materials for an Interdisciplinary Studies master's program. I am satisfied that the applicant's proposed program of study is appropriate to her/his goal, and that the proposed academic program is well-conceived, feasible, and will result in a contribution to knowledge. Further, I am willing to serve as a master's program committee member for this student and help to carry her/his ISP master's degree to completion.**

*Updated April 2021*