



Inter-College Program

Program Approval Form: Three-Area Degree

Name _____ ID# _____ Date _____

ICP Adviser _____ Adviser Phone _____ Degree _____

Area 1: _____

Area 2: _____

Area 3: _____

Faculty/Departmental Adviser

Faculty/Departmental Adviser

Faculty/Departmental Adviser

Name _____

Name _____

Name _____

Campus Address _____

Campus Address _____

Campus Address _____

E-mail _____

E-mail _____

E-mail _____

Phone _____

Phone _____

Phone _____

*Prerequisite Requirements
and Adviser Comments*

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and Adviser Comments*

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and Adviser Comments*

First Area (Minimum semester credits: 20 for B.A., 20 for B.S.): _____

Dept.	Number	Title	Credits	Grade

Total Upper Division Credits for this Area

Faculty/Departmental Adviser's Approval Signature/Date _____

Second Area (Minimum semester credits: 12 for B.A., 15 for B.S.): _____

Dept.	Number	Title	Credits	Grade

Total Upper Division Credits for this Area

Faculty/Departmental Adviser's Approval Signature/Date _____

Third Area (Minimum semester credits: 12 for B.A., 15 for B.S.): _____

Dept.	Number	Title	Credits	Grade

Total Upper Division Credits for this Area

Faculty/Departmental Adviser's Approval Signature/Date _____

Student Signature/Date _____