



Inter-College Program

Program Approval Form: Thematic Degree

Name _____ ID# _____ Date _____

ICP Adviser _____ Adviser Phone _____ Degree _____

Degree title _____

*Major Faculty/
Departmental Adviser*

*Consulted Faculty/
Departmental Adviser*

*Consulted Faculty/
Departmental Adviser*

Name _____

Name _____

Name _____

Dept. _____

Dept. _____

Dept. _____

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*

