

# Appendix A

## Diploma in Interdisciplinary Studies Student Educational Plan

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

School Chair: \_\_\_\_\_ School Chair: \_\_\_\_\_

### **Concentration(s):**

Concentration 1: \_\_\_\_\_  
Concentration 2: \_\_\_\_\_  
Concentration 3: \_\_\_\_\_  
Concentration 4: \_\_\_\_\_

**Concentration Program Pre-requisites:** \_\_\_\_\_

**Has the student met these pre-requisite requirements?**      YES      NO

### **Rationale:**

What will the student use this credential for?

### **Other Graduation Requirements**

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### **Credential to be awarded (Registrar to complete)**

**Graduation Requirements and Course Schedule**

<b>Semester 1</b> (please circle one of the following) Fall Winter Spring Year:				Credits toward Concentration √			
<b>Course Number</b>	<b>Title</b>	<b>Credits</b>	<b>Completed</b>	1	2	3	4
<b>Semester 2</b> (please circle one of the following) Fall Winter Spring Year:				Credits toward Concentration √			
<b>Course Number</b>	<b>Title</b>	<b>Credits</b>	<b>Completed</b>	1	2	3	4
<b>Semester 3</b> (please circle one of the following) Fall Winter Spring Year:				Credits toward Concentration √			
<b>Course Number</b>	<b>Title</b>	<b>Credits</b>	<b>Completed</b>	1	2	3	4
<b>Semester 4</b> (please circle one of the following) Fall Winter Spring Year:				Credits toward Concentration √			
<b>Course Number</b>	<b>Title</b>	<b>Credits</b>	<b>Completed</b>	1	2	3	4
<b>Total Credits</b>							

Note: Add semester schedule/table as necessary.

Note: Total credits must be 60-72 as per Policy 8100: Instructional Programs, Appendix C: Diploma.

If this is a multiple credential in accordance with Policy 8617: Credentials and Graduation, the following must be met:

- A minimum of 50% of the requirements of the additional credential must be new credits, and
- The new credits earned must be 18 or more.

Program Completion Date \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date  
(Acceptance of Student Educational Plan and understanding that this IS Diploma may not meet transfer requirements at other institutions.)

Approved by:

\_\_\_\_\_  
Financial Aid, as appropriate Date

\_\_\_\_\_  
School Chair Date

\_\_\_\_\_  
School Chair Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Registrar Date