

CUSTOMIZED ACADEMIC PROGRAM MAJOR CHECKLIST



Student ID Number

Student Name

Major Name

____ BA ____ BS

A check indicates that the program proposal complies with the guidelines listed on the Student Guidelines for Customized Academic Programs.

___ The paragraph describing the major is acceptable.

Notes:

___ The student's goals and outcomes are appropriate.

Notes:

___ The courses proposed are appropriate and the student has satisfactorily explained how each course contributes to the goals of the CAP.

Notes:

___ The plan of study is reasonable and correct.

Notes:

___ The major is significantly different from any existing major. If the CAP major includes more than half the courses required for an existing major, the appropriate department chair has approved.

Notes:

___ The proposed CAP includes no more than 9 hours of independent study.

Notes:

___ The proposed CAP does not include any courses that carry a prerequisite of admission to a specific major or program or, if such course(s) are included, the appropriate department chair has given written approval.

Notes:

___ The proposed CAP includes enough upper division hours (25 for a BA, 30 for a BS).
Notes:

___ The CAP proposal includes a culminating internship, thesis, or senior project of 6 to 12 hours.
Notes:

___ The total hours required for the proposed CAP is ___ and falls within the approved range (36-48 for a BA, 36 to 66 for a BS).
Notes:

___ All required signatures are on the form.
Notes:

Advisor Approval _____ / /
Date

Registrar's Office Approval _____ / /
Date

Academic Concerns Committee Approval _____ / /
Initials Date