

# COLLEGE OF ARTS & SCIENCES

## Major Requirements Plan

# Topical Studies

Name \_\_\_\_\_

SID# \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Local Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_

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**Name of Topic:** \_\_\_\_\_

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### Major Requirements ( $\geq 42$ hrs)

<u>Course &amp; Title</u>	<u>Hrs</u>	<u>Course &amp; Title</u>	<u>Hrs</u>	<u>Course &amp; Title</u>	<u>Hrs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Total Hours on the Major Requirements Plan (must be at least 42):** \_\_\_\_\_

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Faculty Advisor's Name (please print)

Faculty Advisor's Signature

Date:

Topical Studies Coordinator's Signature:

Date:

### *A&S Dean's Office Use Only*

Signature of Dean:

Date approved: