

UNIVERSITY OF VICTORIA
 FACULTIES OF HUMANITIES, SCIENCE, AND SOCIAL SCIENCES
APPLICATION FOR AN INTERDISCIPLINARY MINOR (STUDENT-DESIGNED) PROGRAM

_____ V _____
 Name Student Number

Degree Expected B.A. B.Sc. Faculty: Humanities Science Social Sciences Units: _____
 (Max. 41.5 units)

Program: _____ Subject Area (s): _____

Title of Minor Program: Interdisciplinary Minor

Subtitle: (maximum 35 characters) _____

Proposal: Please provide a short summary of your interest in your selected area (s) of study and motivation in pursuing the Interdisciplinary Minor program. Summarize on reverse of form.

PROPOSED COURSES. To be submitted to the Director of Interdisciplinary Studies ([Cornett Building B138 E: idpassis@uvic.ca](#) T: 250-472-5185). The Director of Interdisciplinary Studies will obtain approval from Chairs. You will be contacted if additional information is required.

Courses already taken:	Units
<i>Courses to be added:</i>	
TOTAL UNITS (minimum 13.5 units)	

7.5 units 300/400 level
 Courses from at least two departments

NOTES:
 Any course at the 200 level or above that constitutes part of a student's Honours, Major, or General program, or option, cannot be used to fulfill the requirements for the Minor.

Only one Minor can be declared on a student's program.

Students must submit a statement explaining why they are requesting the Minor. The Student-Designed Interdisciplinary Minor form is available from the Academic Advising Centre, A203, University Centre.

I understand that I will have to confirm that the approved Interdisciplinary Minor program requirements are complete. Any change in course selection, will require re-submission to the Director of the Office of Interdisciplinary Academic Programs and approval by the Associate Dean, Academic Advising. Failure to resubmit will nullify this program approval.

 Signature of Student Date

Student's Telephone: _____ Student's Email: _____

STUDENT'S PROPOSAL for Interdisciplinary Minor: See attached **or** Hand-write your statement below

Proposal should include:

- why proposed courses form a coherent Minor program
- the reason (s) for requesting a Student-Designed Minor

_____ Signature of Director, Office of Interdisciplinary Academic Programs (Please attach verification of Department consultation).	_____ Date
_____ Signature of Associate Dean, Academic Advising	_____ Date Approved
_____ Signature of Academic Adviser Faculties of Humanities, Science and Social Sciences	_____ Date
Approval denied. Comments: _____	
Conditions of program approval (if applicable) _____	

Issued to Records _____
Date