

**Self Determined Majors (SDM)
2-Year Course Plan**

Print Full Name: _____ Class Year: _____

SDM Advisor Full Name: _____

SDM Advisor Full Name: _____

SDM Director Full Name: _____

SDM Title: _____

Core Courses

Term	Course Number	Course Title	Credits	Fulfills Component (Foundation, Methods, Theory, or Capstone)
<i>Example</i>	<i>ES-105</i>	<i>Field Studies in ES</i>	<i>4</i>	<i>Foundation</i>
Fall 2				
(Junior)				
Spring 2				
(Junior)				
Fall 2	SD 374	SDM Final Project Prep	1	Capstone
(Senior)				
Spring 2	ID-371	SDM Final Project (Independent Study)	3-4	Capstone
(Senior)				

Electives (Optional Courses)

Term	Course Number	Course Title	Credits	

I, _____, agree and commit to the fulfillment of all of the required SDM courses indicated above. Furthermore, I understand that any and all changes to my approved SDM courses, **including study away courses**, must be submitted for reconsideration and approval to the SDM Advisory Board. This request must delineate the reason(s) for dropping a course and a detailed rationale explaining how the new course is relevant and maintains coherence with the approved SDM course of study. I fully understand that such a request must be submitted in writing before the semester begins and no later than the Add/Drop period. Changes to my SDM courses without prior request and approval by the SDM Advisory Board will be considered an unusual circumstance and may negatively affect the completion of my SDM.

Student Signature: _____ **Date:** _____

SDM Advisor Signature: _____ **Date:** _____

SDM Advisor Signature: _____ **Date:** _____

SDM Director Signature: _____ **Date:** _____

Prepare (3) three copies:

- ☐ Submit original to Office of the Registrar
- ☐ Submit a copy to Beth Miller, Admin. Assistant, SDM Office, PMH 422
- ☐ Keep a copy for yourself